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ABSTRACT

This report presents findings of a demographic study of speech-language pathologists (SLPs) and audiologists (AUDs) in Canada and of students studying in these fields. Two surveys were developed which examined: the numbers, types, and distribution of SLPs and AUDs; their characteristics; the types of services they provide; and differences between responses of practicing professionals and students. Responses were received from 2,126 professionals and 973 students. Among 10 recommendations of the study were: (1) that a national needs study of speech-language pathology and audiology services in Canada be conducted to determine future personnel needs; (2) that provincial governments ensure that all individuals with communication impairments have access to professional services; and (3) that ways of expanding existing speech-language pathology and audiology programs and creating new programs be considered. Thirty-two tables summarize the data in terms of: practitioner and student profiles (age, gender, language competencies, educational attainment); professional association affiliations; locations and work settings; work history and responsibilities (full-time/part-time status, distribution by location, and years of work experience); and post graduation plans (of students). Among 10 appendices are addresses of provincial professional associations and university departments, the two questionnaires, data on survey participation, and a listing of universities and colleges offering a speech-language pathology and/or audiology program. (Contains 29 references.) (DB)

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137 80

THE CANADIAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
L'ASSOCIATION CANADIENNE DES ORTHOPHONISTES ET AUDIOLOGISTES

ED 413 685

A DEMOGRAPHIC STUDY OF

SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS IN CANADA

AND

CANADIAN STUDENTS IN SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY PROGRAMS

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Report prepared by:

The CASLPA Standing Committee on Demographics

November 1990

EC 305942

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SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS IN CANADA AND CANADIAN STUDENTS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY PROGRAMS

A Demographic Study

by:

The CASLPA Demographics Committee

November 1990

PREFACE

This report was prepared for the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) by its Standing Committee on Demographics. The conclusions reached do not necessarily represent the views of the Association, nor should a commitment for future action by this committee be inferred from the recommendations made.

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COMMENTS AND QUESTIONS ON THE PRESENT REPORT MAY BE ADDRESSED TO:

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CASLPA Demographics Committee
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CE RAPPORT EST DISPONIBLE EN FRANÇAIS SOUS LE TITRE:

Une Étude Démographique des
ORTHOPHONISTES ET AUDIOLOGISTES AU CANADA
et
ÉTUDIANT(E)S CANADIEN(NE)S EN ORTHOPHONIE
ET AUDIOLOGIE

SUMMARY

IT IS RECOMMENDED THAT:

1) a national needs study be undertaken to make recommendations regarding speech-language pathology and audiology services in Canada; attention should be given to future needs and ways of providing an adequate number of professionals to meet these needs.

2) provincial governments recognize a responsibility to ensure that all individuals with communication impairments, regardless of age, cultural background, geographic location, or language, have access to appropriate professional services.

3) government program planners make adequate provisions for speech-language pathology and audiology services.

4) a government-funded research group be established with representation invited from CASLPA membership to study the nature and needs of individuals with communication impairments in Canada.

5) university program staffing needs be considered a priority with steps taken to foster the development of a core of professors and lecturers in speech-language pathology and audiology for both of Canada's official language groups.

6) consideration be given to ways of expanding existing speech-language pathology and audiology programs and creating new programs in Canada.

7) funding authorities and government agencies provide financial support to educate students both in Canadian speech-language pathology and audiology programs and in recognized programs outside of Canada.

8) CASLPA National Office, in conjunction with the Demographics Committee, develop and maintain an accessible and up-to-date data base.

9) future demographic follow-up studies by the CASLPA Demographics Committee include CASLPA members only and that the findings be generalized to all speech-language pathologists and audiologists in Canada.

10) CASLPA ensure that the findings of the present report are disseminated on a national basis to stimulate thought and serious discussion.

ACKNOWLEDGEMENTS

The CASLPA Demographics Committee wishes to recognize and thank all of those persons who contributed their time, advice and assistance in the preparation and implementation of the two surveys and the creation of this report. Appreciation is extended to the **1988, 1989 and 1990 CASLPA Executive, National Councillors and Committee Chairs** for their input into the questionnaire design and prompt replies to numerous requests for information. The Committee would like to thank **Yves Beauregard**, Chair of the CASLPA Committee on Official Languages, for his assistance with the translation of the final manuscript. Special recognition goes to **Margaret Christie**, CASLPA President-Elect when this project was initiated, for her continuous support throughout this endeavour.

The Committee also expresses its gratitude to numerous individuals outside of the Association who so ably assisted. We offer our deep appreciation to:

1) **Liette LeBlanc** from the Department of Health and Community Services in Moncton for her goodwill in typing the questionnaires;

2) **Rose-Marie Chiasson** and **Jean Bourgeois** from the Faculty of Educational Research at l'Université de Moncton for their careful data entry;

3) **Donald Long** from the Faculty of Education at l'Université de Moncton for his thorough data analysis and assistance with the cover design;

4) **Jules Bourgeois** from the Computer Centre at l'Université de Moncton for his expert advice and ongoing computer assistance;

5) the **Translation Committee of the New Brunswick Association of Speech-Language Pathologists and Audiologists** and **la Corporation Professionelle des Orthophonistes et Audiologistes du Québec** for the final proof reading of the translations of the questionnaires and notices and

6) the various **student contact persons** at the Canadian universities and **Program Directors** at the American universities for their assistance in locating the Canadian speech-language pathology and audiology students.

Finally, we thank **all 2686 of the speech-language pathologists, audiologists, speech-language pathologist/audiologists and students who responded** to our questionnaires for their complete and accurate reporting. Without them, this report would not have been possible.

THE CANADIAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
L'ASSOCIATION CANADIENNE DES ORTHOPHONISTES ET AUDIOLOGISTES
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c/o Department of Health and
Community Services
P.O. Box 5001
Moncton, New Brunswick
E1C 8R3

November 21, 1990

Mr. Kenneth Albanese
President
The Canadian Association of Speech-Language
Pathologists and Audiologists
1212-25 Main Street West
Hamilton, Ontario
L8P 1H1

Dear Mr. Albanese:

In accordance with the terms of reference provided to the Demographics Committee, a demographic study of the present and future speech-language pathologists and audiologists in Canada has been completed. This report conveys the findings of our study. We are pleased to submit our report for your consideration.

Respectfully submitted,

Rhonda Rubin

Rhonda Rubin, Chair
Standing Committee on Demographics

Encl.

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CHARITABLE DONATION # 0459875-29-13

NOT ALL THINGS THAT COUNT CAN BE COUNTED.
NOT ALL THINGS THAT CAN BE COUNTED COUNT.

- Albert Einstein

TABLE OF CONTENTS

PREFACE ii

SUMMARY iii

ACKNOWLEDGEMENTS iv

TABLE OF CONTENTS vii

LIST OF TABLES viii

LIST OF CHARTS xii

LIST OF ABBREVIATIONS USED xx

REFERENCES TO APPENDICES xxii

1.0 INTRODUCTION 1

2.0 METHODOLOGY 7

3.0 RESULTS 15

4.0 CONCLUSIONS 113

5.0 RECOMMENDATIONS 139

REFERENCES 143

APPENDICES 145

REPORT DOCUMENTATION PAGE 199

NOTES 200

LIST OF TABLES

2.0 METHODOLOGY

2.1 Study of Speech-Language Pathologists and Audiologists:

1 MEMBERSHIP TO CASLPA BY PROVINCE AND TERRITORY 8

2.2 Study of Speech-Language Pathology and Audiology Students:

2 QUESTIONNAIRE DISTRIBUTION TO SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS 13

3.1 STUDY OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

3.1.1 General Description:

3 RESPONSE RATE BY PROVINCE, TERRITORY AND OTHER LOCATION TO THE STUDY OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS 16

4 COMPARISON OF CASLPA MEMBERS WITH NON-MEMBERS 17

5 T-TEST FOR YEARS OF WORK EXPERIENCE OF CASLPA MEMBERS AND NON-MEMBERS 18

6 T-TEST FOR NUMBER OF HOURS OF PART-TIME WORK OF CASLPA MEMBERS AND NON-MEMBERS 18

3.1.2 General Profile:

7 ESTIMATED SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST-TO-POPULATION RATIO FOR EACH PROVINCE, TERRITORY AND CANADA 20

8 GENDER OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY LOCATION 22

9 AGE OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY LOCATION 25

10 LANGUAGE COMPETENCIES OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY LOCATION 26

11 EDUCATIONAL ATTAINMENT OF CANADIAN SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS 30

12 COUNTRY WHERE CANADIAN SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS WERE EDUCATED 31

13 CANADIAN UNIVERSITY GRADUATES IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY, 1980-1985 31

14 CANADIAN UNIVERSITY GRADUATES IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY, 1986-1990 31

3.1.3 Membership Totals:

15 SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS AND THEIR MEMBERSHIP AFFILIATIONS 33

3.1.4 Location:

16 DISTRIBUTION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS 36

17 WORK SETTING OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY LOCATION 38

3.1.5 Work History and Responsibilities:

18 EMPLOYMENT STATUS OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS 45

19 DISTRIBUTION BY LOCATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS EMPLOYED PART-TIME 47

20 PART-TIME EMPLOYMENT OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY WORK SETTING 48

21 YEARS OF WORK EXPERIENCE OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY AGE RANGE 55

22 LEAVES OF SPEECH-LANGUAGE PATHOLOGISTS, AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGIST/AUDIOLOGISTS BY LOCATION 60

3.2 STUDY OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

3.2.1 General Description:

23 RESPONSE RATE BY PLACE OF RESIDENCE TO THE STUDY OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS 70

3.2.2 General Profile:

24 LANGUAGE COMPETENCIES OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS BY PLACE OF RESIDENCE 75

25 UNDERGRADUATE DEGREES ATTAINED BY SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS BY PLACE OF RESIDENCE 79

26 COUNTRY OF PREFERENCE FOR UNIVERSITY LOCATION BY PLACE OF RESIDENCE 82

27 REPEAT APPLICATIONS OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS BY PLACE OF RESIDENCE 86

3.2.3 Membership Information:

28 PROFESSIONAL ASSOCIATION AFFILIATIONS OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS 89

3.2.5 Post Graduation:

29 FUTURE PLANS OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS 98

30 STUDENT SPONSORSHIPS BY PLACE OF RESIDENCE 100

31 POST-GRADUATION COMMITMENTS OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS BY PLACE OF RESIDENCE 103

32 PREFERENCE IN WORK LOCATION BY AGE OF STUDENT 106

33 AREAS WHERE STUDENTS ARE INTERESTED IN APPLYING FOR EMPLOYMENT UPON GRADUATION BY PLACE OF RESIDENCE 107

34 PREFERENCE IN COMMUNITY SETTING BY PLACE OF RESIDENCE 109

LIST OF CHARTS

2.0 METHODOLOGY

2.1 Study of Speech-Language Pathologists and Audiologists:

1. Questionnaire distribution within Canada 10

3.1 STUDY OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

3.1.2 General Profile:

2. Composition of the communication disorders profession 19

3. Gender of speech-language pathologists 21

4. Gender of audiologists 21

5. Composition by profession of each gender group 23

6. Age of speech-language pathologists, audiologists and speech-language pathologist/audiologists 24

7. Manual communication use by anglophone, francophone and bilingual speech-language pathologists and audiologists 27

8. Minority language use by anglophone, francophone and bilingual speech-language pathologists and audiologists 27

9. Educational attainment of speech-language pathologists audiologists and speech-language pathologist/audiologists 28

10. Primary job responsibility by educational attainment of speech-language pathologists, audiologists and speech-language pathologist/audiologists 29

11. Country of education of Canadian speech-language pathologists and audiologists 29

3.1.3 Membership Information:

12. Membership affiliations by profession of Canadian speech-language pathologists and audiologists 34

13. Membership affiliations of Canadian speech-language pathologists and audiologists by place of residence 35

3.1.4 Location:

14. Relationship between the percentage of speech-language pathologists and audiologists and the percentage of the population 37

15. Primary work settings of speech-language pathologists, audiologists and speech-language pathologist/audiologists 39

16. Work setting of speech-language pathologists, audiologists and speech-language pathologist/audiologists by degree attained 40

17. Primary work setting of speech-language pathologists serving the school-age population 40

18. Private practice as secondary employment by speech-language pathologists and audiologists 41

19. Self-employment of speech-language pathologists, audiologists and speech-language pathologist/audiologists 41

20. Self-employment of female and male speech-language pathologists, audiologists and speech-language pathologist/audiologists 42

21. Size of community where speech-language pathologists and audiologists are employed 43

22. Distribution of speech-language pathologists, audiologists and speech-language pathologist/audiologists by employment setting and community size 43

3.1.5 Work History and Responsibilities:

23. Employment status of speech-language pathologists, audiologists and speech-language pathologist/audiologists 44

24. Employment status of speech-language pathologists, audiologists and speech-language pathologist/audiologists by age 46

25. Full-time and part-time employment among speech-language pathologists, audiologists and speech-language pathologist/ audiologists 46

26. Number of hours per week of private practice as secondary employment among speech-language pathologists, audiologists and speech-language pathologist/audiologists 49

27. Principal employment setting of speech-language pathologists, audiologists and speech-language pathologist/audiologists engaging in private practice as secondary employment 50

28. Primary employment responsibility of speech-language pathologists 51

29. Primary employment responsibility of audiologists 51

30. Primary employment responsibility of speech-language pathologists, audiologists and speech-language pathologist/ audiologists by gender 52

31. Clinical service and administration as primary employment responsibilities in various work settings 52

32. Primary employment responsibility of speech-language pathologists and audiologists employed at universities and colleges 53

33. Primary employment responsibility of speech-language pathologists and audiologists employed in industry 53

34. Years of work experience by age of speech-language pathologists, audiologists and speech-language pathologist/ audiologists 54

35. Years of work experience of speech-language pathologists, audiologists and speech-language pathologist/audiologists 56

36. Percentage of speech-language pathologists, audiologists and speech-language pathologist/audiologists engaging in private practice as secondary employment by years of work experience 56

37. Leaves of 12 months or more among speech-language pathologists, audiologists and speech-language pathologist/audiologists 57

38. Leaves of 12 months or more among speech-language pathologists, audiologists and speech-language pathologist/audiologists by gender 58

39. Types of temporary leaves among speech-language pathologists and audiologists by profession 58

40. Leaves of 12 months or more by age of speech-language pathologists, audiologists and speech-language pathologist/audiologists 59

41. Type of leave by age of speech-language pathologist 61

42. Type of leave by age of audiologist 61

43. Areas of practice of speech-language pathologists 62

44. Areas of practice of audiologists 63

45. Areas of practice of speech-language pathologist/audiologists 63

46. Primary area of practice of speech-language pathologists 64

47. Primary area of practice of audiologists 64

48. Primary area of practice of speech-language pathologist/audiologists 65

49. Primary area of practice of speech-language pathologists in various work settings 65

50. Primary area of practice of audiologists in various work settings 66

51. Primary area of practice of speech-language pathologist/audiologists in various work settings 67

52. Age distribution of clinical caseloads of speech-language pathologists and audiologists 68

53. Age distribution of clinical caseloads of speech-language pathologists, audiologists and speech-language pathologist/audiologists by region of residence 68

3.2 STUDY OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

3.2.1 General Description:

54. Speech-language pathology and audiology student survey response rate 69

3.2.2 General Profile:

55. Major field of study of communication disorders students 71

56. Gender of speech-language pathology students 71

57. Gender of audiology students 72

58. Gender of speech-language pathology and audiology students by place of residence 72

59. Age distribution of students 73

60. Age of students by place of residence 73

61. Manual communication skills and minority language abilities of speech-language pathology and audiology students 74

62. Degree program of speech-language pathology and audiology students 76

63. Country of education of Canadian speech-language pathology and audiology students 77

64. Country of undergraduate education in speech-language pathology and/or audiology of Canadian speech-language pathology and audiology students 77

65. Number of universities attended by degree attained 78

66. Undergraduate major fields of study of speech-language pathology and audiology students 80

67. Preference for location of university by region of residence 81

68. Application to Canadian university programs in speech-language pathology and audiology 83

69. Application to multiple speech-language pathology and/or audiology programs by place of residence 84

70. Application to multiple speech-language pathology and/or audiology programs by university attending 85

71. Application to multiple speech-language pathology and/or audiology programs by age 85

72. Repeated applications to speech-language pathology and/or audiology programs by university attending 87

73. Repeated applications to speech-language pathology and/or audiology programs by age 87

3.2.3 Membership Information:

74. Professional association affiliations of speech-language pathology and audiology students by degree program 88

75. Professional association affiliations of speech-language pathology and audiology students by degree and country of education 90

76. Professional association affiliations of speech-language pathology and audiology students by university 91

77. Scientific and other association affiliations of speech-language pathology and audiology students by place of residence 92

3.2.4 Location:

78. Location of universities attended by place of residence of speech-language pathology and audiology students 92

79. Region of residence of students studying at each of the Canadian universities and in the United States 93

80. Location of Canadian speech-language pathology and audiology students 94

81. Location of anglophone and francophone students 95

82. Canadian students in the Northwestern states 95

83. Canadian students in the Far Western states 95

84. Canadian students in the Rocky Mountain states 95

85. Canadian students in the Upper Midwestern states 95

86. Canadian students in the Mississippi Valley states 96

87. Canadian students in the Gulf Coast states 96

88. Canadian students in the Midwestern states 96

89. Canadian students in the Southeastern states 96

90. Canadian students in the Mid-Atlantic states 96

91. Canadian students in the New England states 96

3.2.5 Post Graduation:

92. Continued education plans of students by age group 97

93. Future education plans of speech-language pathology and audiology students by their present degree program 99

94. Sponsoring agencies for speech-language pathology and audiology students 101

95. Sponsoring agencies by location 101

96. Post-graduation commitments of speech-language pathology and audiology students by age 102

97. Areas where speech-language pathology and audiology students would consider applying for employment and present percentage of professionals 104

98. Preference in work location of speech-language pathology and audiology students by gender 105

99. Preference in community settings of speech-language pathology and audiology students by major field of study 108

100. Preference in community settings of speech-language pathology and audiology students by gender 110

101. Preference in employment settings of speech-language pathology students compared to percentage of professionals employed in the settings 111

102. Preference in employment settings of audiology students compared to percentage of professionals employed in the settings 111

103. Preference in employment settings of speech-language pathology and audiology students by gender 112

LIST OF ABBREVIATIONS USED

A

AB - *Alberta*
ABR - *Auditory evoked brainstem response audiometry*
Admin - *Administration*
AK - *Arkansas*
AL - *Alabama*
AuralR - *Aural (re)habilitation*
Art/Ph - *Articulation and phonological disorders*
ASHA - *American Speech-Language-Hearing Association*
AugC - *Augmentative communication*
AZ - *Arizona*

B

B.A. - *Bachelor of Arts*
Bach. - *Bachelor degree*
BC - *British Columbia*
BCASLPA - *British Columbia Association of Speech-Language Pathologists and Audiologists*
B.Ed./C.S. - *Bachelor of Education or Bachelor of Child Studies*
Bio - *Biology*
B.Sc. - *Bachelor of Science*

C

CA - *California*
CASLPA - *Canadian Association of Speech-Language Pathologists and Audiologists*
CENTRAL - *Central Canada*
ChrC - *Chronic Care facility*
ChLang - *Child language disorders*
CN - *Connecticut*
CO - *Colorado*
CPOAQ - *La Corporation Professionelle des Orthophonistes et Audiologistes du Québec*

D

Dal - *Dalhousie University*
DC - *District of Columbia*
DE - *Delaware*
DiagA - *Diagnostic audiology*

E

EAST - *Eastern Canada*
Educ - *Education*

F

FL - *Florida*
FluD - *Fluency disorders*
FTE - *Full Time Equivalent*

G

GA - *Georgia*
GenH - *General or Teaching Hospital*
Grad - *Graduate*

H

HI - *Hawaii*
Hosp - *Hospital*

I

IA - *Iowa*
ID - *Idaho*
IL - *Illinois*
IN - *Indiana*
Indus - *Industry*

K

KS - *Kansas*
KY - *Kentucky*

L

LA - *Louisiana*
Lang - *Languages*
Ling - *Linguistics*

M

MA - *Massachusetts*
Manual Comm - *Manual communication*
Mast. - *Masters degree*
MB - *Manitoba*
McG - *McGill University*
MD - *Maryland*
ME - *Maine*
MI - *Michigan*
Minority Lang - *Minority language*
MN - *Minnesota*
MO - *Missouri*
MS - *Mississippi*
MT - *Montana*

N

NB - *New Brunswick*

NBASLPA - *New Brunswick Association of Speech-Language Pathologists and Audiologists*
NC - *North Carolina*
ND - *North Dakota*
NE - *Nebraska*
Neuro - *Neurogenic disorders*
NF - *Newfoundland*
NH - *New Hampshire*
NJ - *New Jersey*
NM - *New Mexico*
Nonspecif - *Nonspecified setting within a province*
NORTH - *Northern Canada*
NS - *Nova Scotia*
NT - *Northwest Territories*
NV - *Nevada*
NY - *New York*

O

OH - *Ohio*
OK - *Oklahoma*
ON - *Ontario*
OR - *Oregon*

P

PA - *Pennsylvania*
PE - *Prince Edward Island*
PedH - *Pediatric Hospital or Treatment Centre*
PhD - *Doctoral degree (Doctor of Philosophy)*
PH/SS - *Ministry or Department of Public Health and/or Community Social Services*
Post Grad - *Post-graduate*
PPrac - *Private Practice*
PQ - *Quebec*
Prov Assn - *Provincial Speech-Language Pathology and Audiology Association*
Prov Dept - *Provincial Department or Ministry of Health and/or Community Social Services*
Psych - *Psychology*
PsyH - *Psychiatric Hospital*

R

Rehab - *(Re)habilitation Centre*
RI - *Rhode Island*

S

SC - *South Carolina*
Sch - *School Board*
SD - *South Dakota*
SHAA - *Speech-Language-Hearing Association of Alberta*
SELF-EMP. - *Self-employed*
SK - *Saskatchewan*
SLP - *Speech-Language Pathologist*
SLP/A - *Speech-language pathology and/or audiology*
SLP/AUD - *Speech-language pathologist/ audiologist*
Spec - *Specialty settings such as chronic care facilities and industry*
SPSS - *Statistical Package for the Social Sciences*
SwalD - *Swallowing disorders*

T

TCH/SUP - *Teaching and/or supervision*
TN - *Tennessee*
TX - *Texas*

U

UBC - *University of British Columbia*
UdeM - *Université de Montréal*
Undergrad - *Undergraduate*
Univ - *University or College*
UofA - *University of Alberta*
UofT - *University of Toronto*
US U - *Universities in the USA*
UT - *Utah*
UWO - *University of Western Ontario*

V

VA - *Virginia*
VestT - *Vestibular testing*
Voice - *Disorders of voice and resonance*
VT - *Vermont*

W

WA - *Washington*
WEST - *Western Canada*
WI - *Wisconsin*
WV - *West Virginia*
WY - *Wyoming*

Y

YK - *Yukon*

REFERENCES TO APPENDICES

ADDRESSES

A1: Canadian SLP and AUD Associations 6
A2: Canadian University Programs 11

QUESTIONNAIRES

B1: SLP and AUD Survey 7
B2: Student Survey 11
B3: Short Form of Student Survey 11

OBTAINING SURVEY PARTICIPATION

C1: Letter to Provincial Association Presidents 9
C2: Survey Newsletter Announcement 9

SEARCH FOR CANADIAN STUDENTS

D1: Letter to U.S. Universities/Colleges 12
D2: First Follow-Up Letter 12
D3: Second Follow-Up Letter 12
D4: Notice: Handicap Digest 12
D5: Notice: Professional Association Newsletters 12
D6: Student Survey Inserts 12

UNIVERSITIES/COLLEGES OFFERING A SLP AND/OR AUD PROGRAM

E1: Programs with Canadians 12, 93
E2: Programs with No Canadians 93
E3: Programs with No Information 93

REVISED SURVEY CATEGORIES

F1: Place of Employment 10
F2: Areas of Practice 10

LANGUAGES SPOKEN BY SURVEY RESPONDENTS

G1: SLPs and AUDs 24
G2: Students 74

ASSOCIATION AFFILIATIONS OF RESPONDENTS

H1: SLPs and AUDs 34
H2: Students 91

UNDERGRADUATE EDUCATION

I1: Universities Attended 78
I2: Majors 80

SELECTION OF COMMENTS RECEIVED

J1: SLPs and AUDs 114
J2: Students 81, 133

24

1.0 INTRODUCTION

INTRODUCTION

1.1 BACKGROUND 1

1.1.1 Mandate of the Demographics Committee 1

1.1.2 Available Demographic Data 1

1.1.3 Members of the Demographics Committee 1

1.2 PURPOSE OF THE STUDY 2

1.3 DEFINITIONS 3

1.4 SYMBOLS 6

1.1 BACKGROUND

1.1.1 MANDATE OF THE DEMOGRAPHICS COMMITTEE

The mandate of the Standing Committee on Demographics of the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA), as stated in Article VI of the By-laws of the Association, is to "*maintain a continuing demographic profile of Speech-Language Pathologists and Audiologists and to promote the collection of data on the incidence of communicative handicaps in order to determine the need for the preparation of professional personnel and for the provision of clinical services in Canada*" (Lafargue, 1989, p. 36).

1.1.2 AVAILABLE DEMOGRAPHIC DATA

In 1988-1989, the CASLPA Demographics Committee, as part of its contribution to the 25th Anniversary celebration of CASLPA, undertook a nationwide survey of speech-language pathologists and audiologists and students studying in these fields. Up to this time, no systematic comprehensive survey of these professions had been undertaken in Canada.

Demographic data is regularly collected by the American Speech-Language and Hearing Association (ASHA), (ASHA Research Division, 1988; Bender, 1989; Fein, 1984; Goldberg, 1989; Hyman, 1986a; Hyman, 1986b; Shewan, 1988a; Shewan, 1988b; Shewan, 1988c; Shewan, 1988d; Shewan, 1988e; Shewan, 1988f; Shewan, 1988g; Shewan, 1988h; Shewan, 1989). However, it was unknown how applicable these statistics were to Canada given the distinctive socio-political context in Canada. For instance, there are varying population distributions, an overall lower population density and differing legislation and associated issues regarding the provision of services in Canada.

1.1.3 MEMBERS OF THE DEMOGRAPHICS COMMITTEE

The 1988-1989 and 1989-1990 Demographics Committee was comprised of members from both of the communication disorders professions of speech-language pathology and audiology, both genders and both of Canada's official language groups. Various work settings and community sizes were also represented. All members were certified by CASLPA and registered with the New Brunswick Association of Speech-Language Pathologists and Audiologists (NBASLPA).

Members of the Demographics Committee were:

Chair

Rhonda Rubin, M.Sc., S-LP(C), M.Ed.
Department of Health and Community Services
Moncton, NB

Committee Members

Jean Guy Cormier, M.O.A., S-LP(C)
Dr. Georges Dumont Hospital
Moncton, NB

Carla Darling[a], B.Sc., S-LP(C)
Chaleur Regional Hospital
Bathurst, NB

Anne Lynch, M.O.A., Aud(C)
Dr. Georges Dumont Hospital
Moncton, NB

Dianne Sharpe, M.Sc., S-LP(C)
Private Practice[b]
Fredericton, NB

Patricia Sorensen[c], M.Sc., S-LP(C)
School Districts 28 and 29
Woodstock, NB

Anne Turner, M.H.Sc., S-LP(C)
School Districts 28 and 29
Woodstock, NB

[a]from September 1989
[b]after August 1989 (formerly with Forest Hill Rehabilitation Centre, Fredericton, NB)
[c]until September 1989

1.2 PURPOSE OF THE STUDY

The present study of the speech-language pathologists and audiologists in Canada and the Canadian students in these fields emerged from a recognized need for accurate information on the status of speech-language pathology and audiology in Canada. The primary purpose was to gather basic demographic information to create a profile of the professions and a data base for CASLPA to draw upon for both information and future planning.

It was hoped that the information procured through this study would be useful to groups such as:

1) federal and provincial government departments for their long range strategic health care planning;

2) agencies seeking to determine their position within the total pattern of service provision;

3) university speech-language pathology and audiology programs for their decision-making regarding program expansion and modification; and

4) CASLPA to examine issues confronting the professions, such as the need for programs for students and future trends in human resources.

Clearly, these purposes have remained

relevant to the professions for some time, yet completion of a major study was required before such matters could be adequately addressed. A number of questions regarding the professions then guided the development of the two surveys:

1) How are the numbers and types of speech-language pathologists (SLPs) and audiologists (AUDs) in Canada distributed?

2) What are the characteristics of these professionals?

3) What is the nature of the service provided?

4) Would responses of speech-language pathology and audiology students to questions regarding demographic variables be consistent with demographic findings from a survey of the professionals to indicate a continuation of trends?

1.3 DEFINITIONS

The following definitions of particular terms are used throughout this report:

Aging of the Population - the gradual process in which the proportion of adults and elderly increases in a population, while the proportion of children and adolescents decreases. This results in a rise in the median age of the population.

American Speech-Language-Hearing Association (ASHA) - the recognized national association of speech and hearing professionals in the United States. Total Association membership is over 62,000.

Anglophone - professional (or student) providing (or who will be able to provide) professional services in the English language to clients.

Atlantic Provinces - see **Eastern Canada**.

Audiologist (AUD) - individual specializing in the prevention, identification and assessment of hearing impairment. Most audiologists hold a graduate degree in audiology. They provide counselling regarding problems associated with hearing loss, determine if a hearing aid will benefit an individual, recommend an appropriate hearing aid, provide hearing aid orientation and counselling, teach speech (lip) reading, provide auditory training and are involved in research.

Bilingual - speech-language pathologist or audiologist (or student) providing (or who will be able to provide) professional services in both of Canada's official languages (i.e., English and French) to clients. (See definitions of **Anglophone** and **Francophone**.)

Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) - the recognized national association of speech-language pathologists and audiologists in Canada. Association membership is about 2300.

Central Canada - refers to the provinces of Ontario (ON) and Quebec (PQ).

Childbearing Years - reproductive age span of women, arbitrarily assumed to be 15-49 years in most countries (Haupt & Kane, 1980).

COMMUNIQUÉ - a publication of CASLPA and is a vehicle for the exchange of information between the members and the Executive and the National Council of the Association. Its purpose is to inform the members of the current focus and involvement of the Association.

Demography - the scientific study of human populations, including their size, composition, distribution, density, growth and other demographic and socio-economic characteristics and the causes and consequences of changes in these factors.

Eastern Canada - refers to the provinces of New Brunswick (NB), Nova Scotia (NS), Prince Edward Island (PE) and Newfoundland (NF).

Executive - refers to the CASLPA Executive which includes: the President, President - Elect, Vice President Finance and Administration, Vice President Governmental Relations and Vice President Professional and Educational Affairs. Their role is to implement policies and conduct the business of the Association.

Francophone - professional (or student) providing (or who will be able to provide) professional services in the French language to clients.

Full Time Equivalent (FTE) - the number of people working part time can make up the equivalent of one person working on a full time basis. A person working a normal work week is equal to one full-time equivalent. To calculate the FTE, divide the working hours in a year by the number that one would work if employed full time. For a person working 37.5 hours per week, 1950 hours = 1.00 FTE; 1560 = .80 FTE; 1170 = .60 FTE; 780 = .40 FTE; and 390 = .20 FTE (Health & Welfare Canada, 1988). (FTE is also referred to as Equivalent Full Time of EFT in some parts of Canada.)

Incentive Rebate Program - program providing a rebate on outstanding Student Loan debt in return for a work commitment.

Joint Member - speech-language pathologist and/or audiologist who holds professional association membership to CASLPA and a provincial speech-language pathology and audiology association.

Manual Communication - formal recognized sign communication system such as American Sign Language (ASL or Ameslan) or Signing Exact English (SEE) in which signs are formed by means of hand configuration, movement, position and orientation. Expressive use of the face and body also contribute to meaning.

Mean Age - the average age of all the members of a population.

Median Age - the age which divides a population into two equal groups with half the people older and half younger than this age.

Minority Language - any language other than Canada's two official languages (i.e., English and French).

National Council - is the policy and decision making body of CASLPA.

National Councillor - is a CASLPA member who represents the association members from their province on the National Council and acts as a liaison between the national and provincial associations.

Non Member - speech-language pathologist, audiologist or student who is not a member of CASLPA or a provincial speech-language pathology and audiology association.

Northern Canada - refers to the Yukon (YK) and Northwest Territories (NT).

Provinces - is used in a general sense, unless otherwise stated, to refer to the ten provinces as well as the two territories.

Provincial Speech-Language Pathology and Audiology Associations - are autonomous provincially based professional organizations of members which have as their principal functions:

1) development of the professions of speech-language pathology and audiology and

2) the promotion of services for individuals with communication impairments in their respective provinces

The acronyms and respective associations are:

BCASLPA: British Columbia Association of Speech-Language Pathologists and Audiologists

CPOAQ: La Corporation Professionelle des Orthophonistes et Audiologistes du Québec

MSHA: Manitoba Speech and Hearing Association

NASLPA: Newfoundland Association of Speech-Language Pathologists and Audiologists

NBASLPA: New Brunswick Association of Speech-Language Pathologists and Audiologists

OSLA: Ontario Association of Speech-Language Pathologists and Audiologists

PEISHA: Prince Edward Island Speech and Hearing Association

SASLPA: Saskatchewan Association of Speech-Language Pathologists and Audiologists

SHAA: Speech-Language-Hearing Association of Alberta

SHANS: Speech and Hearing Association of Nova Scotia

(See **APPENDIX A1** for a list of addresses of these associations.)

Speech-Language Pathologist (SLP) - specialist in human communication, its normal development and its disorders. SLPs possess a university degree in the field of human communication impairments. They (re)assess and (re)habilitate people of all ages with communication disorders. In addition, they provide counselling, inform the public and other professionals about speech and language problems and may also be involved in research.

Speech-Language Pathologist/Audiologist (SLP/AUD) - individual who is both a speech-language pathologist and an audiologist by having completed degrees in both fields. Refer to definitions above for **Speech - Language Pathologist** and **Audiologist**.

Sponsorship - bursary offered to a student in return for a work commitment.

Statistical Package for the Social Sciences (SPSS) - computerized statistical package especially designed for social sciences research.

Territories - see **Northern Canada**.

Western Canada - refers to the provinces of British Columbia (BC), Alberta (AB), Saskatchewan (SK) and Manitoba (MB).

1.4 SYMBOLS

The following standard symbols were used in the tables and figures throughout this report:

- Nil or zero
-- Amount too small to be expressed
.. Not available
... Not appropriate or not applicable

Also, the Système International standard numeric configuration of leaving a space rather than inserting a comma after the thousand figure has been used in all Tables and Figures (e.g., 3 001). Certain tables may not add to 100% due to rounding.

2.0 METHODOLOGY

METHODOLOGY

2.1 **STUDY OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS** 7

2.1.1 Design of Questionnaire 7

2.1.2 Target Group of Speech-Language Pathologists and Audiologists 7

2.1.3 Procedures 9

2.1.3.1 Locating Speech-Language Pathologists and Audiologists 9
2.1.3.2 Distribution of Surveys 9
2.1.3.3 Quality Control 9
2.1.3.4 Data Entry and Analysis 10

2.2 **STUDY OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS** 11

2.2.1 Design of Questionnaire 11

2.2.2 Target Group of Students 11

2.2.3 Procedures 11

2.2.3.1 Locating Speech-Language Pathology and Audiology Students 11
2.2.3.2 Distribution of Surveys 12
2.2.3.3 Quality Control 12
2.2.3.4 Data Entry and Analysis 12

2.1 STUDY OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

2.1.1 DESIGN OF THE QUESTIONNAIRE

The questionnaire designed used pre-formulated options to make the tasks of questionnaire completion and later coding and analysis minimally time-consuming. The Canadian Public Health Association guidelines on the construction of surveys (Woodward & Chambers, 1980) were used. Ideas for the survey content were obtained from demographic studies conducted by ASHA (Fein, 1984; Hyman, 1986), the Federal/Provincial Report on Rehabilitation Personnel (Federal Provincial Advisory Committee on Health and Human Resources, 1988), Brief on the Supply and Requirements for Audiology and Speech-Language Pathology (CASLPA, 1987) and the CASLPA Executive, National Councillors and Chairs of other CASLPA committees.

Feedback was solicited from the Executive to ensure that the direction of the survey was appropriately focused and that the data obtained would result in the broadest possible applications. A bilingual revised draft was then piloted with SLPs and AUDs representing both linguistic groups and residing in the geographic area in which the Demographics Committee was based. This provided information regarding the length of time required to complete the questionnaire, the clarity of the questions and overall ease of completion. Minor revisions were made following the piloting and the questionnaire was then sent to the Translation Committee of the New Brunswick Association of Speech-Language Pathologists and Audiologists (NBASLPA) and la Corporation Professionelle des Orthophonistes et Audiologistes du Québec (CPOAQ) for proof reading.

The final version of the survey consisted of a set of 26 multiple choice questions under the categories of (1) general information; (2) education; (3) work experience, and (4) work setting. (See **APPENDIX B1.**) Stamped return envelopes were included for professionals residing in Canada and unstamped return envelopes for foreign respondents. All questionnaires were anonymous.

2.1.2 TARGET GROUP OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

It was unknown whether the CASLPA membership was representative of the SLPs and AUDs in the country and therefore, it was deemed necessary to include both members and non-

members of the national association in the study. As shown in **TABLE 1**, membership to CASLPA ranged from a low of 38% in Quebec to a high of 93% in British Columbia. A comparison of CASLPA members and non-members was made in the analysis to determine whether CASLPA members were representative of Canadian speech-language pathologists and audiologists.

TABLE 1

MEMBERSHIP TO CASLPA BY PROVINCE AND TERRITORY

PROVINCE OR TERRITORY	TOTAL SLPs and AUDs	CASLPA MEMBERS Number	CASLPA MEMBERS Percent
British Columbia	453	421	93%
Alberta	419	364	87%
Saskatchewan	108	93	81%
Manitoba	191	153	80%
Ontario	1 137	719	63%
Quebec	499	188	38%
New Brunswick	77	56	72%
Nova Scotia	137	121	88%
Prince Edward Island	13	11	85%
Newfoundland	38	33	87%
Yukon	4	4	100%
Northwest Territories	3	2	67%
TOTAL	**3 079**	**2 165**	**70%**

2.1.3 PROCEDURES

2.1.3.1 Locating Speech-Language Pathologists and Audiologists

In August 1988, a letter was sent to the president of each provincial speech-language pathology and audiology association to request a copy of their list of members. (See **APPENDIX C1**.) A CASLPA membership list was also requested from CASLPA National Office.

By October 1988, lists had been received from CASLPA and all provincial associations except the Manitoba Speech and Hearing Association and La Corporation Professionelle des Orthophonistes et Audiologistes du Québec, due to their provincial association policies on sharing lists. As the lists were obtained, names were cross-referenced to eliminate duplicate entries. Some association lists also included individuals residing in foreign countries.

2.1.3.2 Distribution of Surveys

An advance announcement of the upcoming survey was printed in various provincial association newsletters and COMMUNIQUÉ. (See **APPENDIX C2**.)

In November 1988, surveys were sent to all speech-language pathologists and audiologists identified. In Quebec and Manitoba, surveys to non-CASLPA members were distributed through the National Councillors in conjunction with their provincial associations. Questionnaires were also distributed to speech-language pathologists holding baccalaureate level degrees, and were completing their Masters degrees in speech-language pathology at the University of Western Ontario, as identified by a graduate student at the university.

In total, 3079 questionnaires (97%) were distributed in Canada, 52 questionnaires (2%) were sent to the United States and 40 questionnaires (1%) went to other countries. The breakdown of questionnaire distribution within Canada is illustrated in **Figure 1** on the following page.

2.1.3.3 Quality Control

Strict procedures for quality control were followed to maximize accuracy during the processing of survey data:

1) All surveys were reviewed for accuracy and completeness by the committee members. Those with special notations or omissions were separated for later review and additional coding before keying in the data.

2) Responses listed under the category of "OTHER" in **Q-6** (degree), **Q-13** (present employment status), **Q-20** (place of employment), **Q-23** (primary job responsibility), **Q-24** (primary area of practice) and **Q-25** (areas of practice) were noted and reviewed. Classification of all variations was agreed upon by the committee to ensure consistency in coding. See **APPENDIX F1** and **APPENDIX F2** for revised response categories deemed necessary for place of employment (**Q-20**) and areas of practice (**Q-24** and **Q-25**).

3) An experienced key-punch operator with a known low data entry error rate (i.e., 1:20,000) was selected to enter the data.

4) A computer analyst entered data from the first 100 questionnaires to detect any possible difficulties with the program before giving the remainder to the key-punch operator.

5) The computer analyst applied edit checks after the data was entered to ensure that the coding was consistent for the specified variables so that errors could be readily detected and corrected.

2.1.3.4 Data Entry and Analysis

The data was entered into a computer program specifically designed for this questionnaire. The data was verified by the computer analyst and processed through the frequencies program of the Statistical Package for the Social Sciences (SPSS) at l'Université de Moncton.

The computer analysis consisted of simple statistics such as frequencies, means, modes, T-tests and correlations for continuous variables. Topics for cross-tabulations were requested from the Executive, National Councillors and Committee Chairs and were completed later.

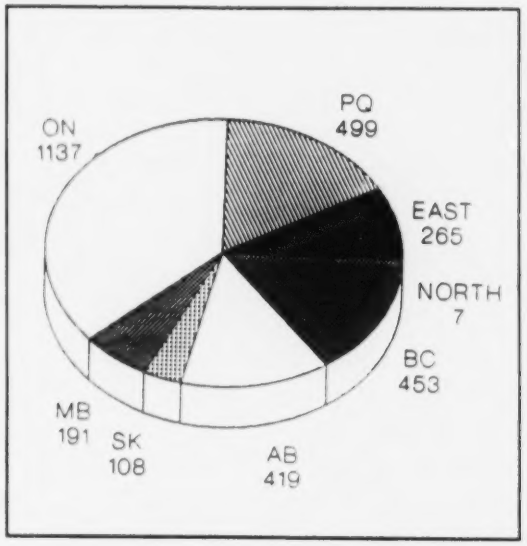

Figure 1. Questionnaire distribution within Canada

2.2 STUDY OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

2.2.1 DESIGN OF THE QUESTIONNAIRE

The questionnaire for students consisted of 28 multiple choice items designed according to the same principles and guidelines used in constructing the survey for SLPs and AUDs. (Refer to Section 2.1.1 on page 7.) Feedback was solicited on the questionnaire from the CASLPA Executive, as well as from several faculty members in speech-language pathology and audiology programs in Canada and the United States. The final draft was translated by the Committee and then sent to the NBASLPA Translation Committee and CPOAQ for final proof reading. (See **APPENDIX B2** for a copy of the questionnaire.)

An abbreviated version of the questionnaire, which could be sent online by electronic mail, was designed for the students attending the University of Western Ontario. This was necessary because of a loss of the original surveys in the mail and the time constraints in effect before the students departed at the end of the semester. The shorter version included the same content as the original version, but it had a more open-ended format. (See **APPENDIX B3**.)

2.2.2 TARGET GROUP OF STUDENTS

The target group for this study was all students of Canadian citizenship who could be identified as enrolled in speech-language pathology and/or audiology programs in Canada, the United States or overseas in the spring of 1989. This included students enrolled in baccalaureate, Masters and doctoral level programs.

2.2.3 PROCEDURES

2.2.3.1 Locating Speech-Language Pathology and Audiology Students

In January 1989, the National Councillors were contacted for assistance in providing information on the number of students attending the seven Canadian speech-language pathology and/or audiology programs. (See **APPENDIX A2** for the addresses of these Canadian university programs.) The Educational Standards Board accredited American program list (ASHA, 1989) and the 1982 Guide to Graduate Education in Speech - Language Pathology and

Audiology (ASHA, 1983) were consulted to obtain addresses of both accredited and non-accredited American programs.

In February 1989, a letter was sent via electronic or regular mail to the Director of the Speech-Language Pathology and/or Audiology Department at the American universities to determine the enrolment of Canadian students. (See **APPENDIX D1.**) In June/July 1989, a follow-up letter (See **APPENDIX D2**) and a simple form to complete (See **APPENDIX D3**) were sent to the Directors of those programs that had not responded. A second follow-up notice and form were mailed in November 1989. (See **APPENDIX D3.**)

A notice was also posted in the March 1989 issue of the Handicap Digest alerting subscribers of the search for Canadian students. (See **APPENDIX D4.**) In addition, notices were posted in the March 1989 issue of COMMUNIQUÉ and various provincial speech-language pathology and audiology association newsletters. (See **APPENDIX D5.**)

Finally, a short notice was included with each student questionnaire requesting names of students studying in the United States. This information was then used to determine if any students had been overlooked. (See **APPENDIX D6** for both the English and French version of the notice.)

2.2.3.2 Distribution of Surveys

Surveys were mailed to a contact person at each university identified as having Canadian students enrolled. (See **APPENDIX E1** for the list of universities.) **TABLE 2** on the next page outlines the questionnaire distribution by country.

2.2.3.3 Quality Control

Strict procedures similar to those used for the survey of speech-language pathologists and audiologists were employed to facilitate accuracy in data tabulation and analysis. (Refer to Section **2.1.3.3** on page 9 for a description of these procedures.)

2.2.3.4 Data Entry and Analysis

The data for the student survey was entered into a computerized data management program similar to the one used for the survey of the professionals by an experienced key punch operator at the Faculty of Educational Research at l'Université de Moncton. The SPSS program used was specifically designed for analyzing the data from this survey.

TABLE 2

QUESTIONNAIRE DISTRIBUTION TO SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

DESTINATION	QUESTIONNAIRES DISTRIBUTED	
	Number	Percent
Canada	646[a]	69%
United States	288[b]	31%
Other Countries	0	0%
TOTAL	**934**	**100%**

[a]This figure includes 441 questionnaires (68%) sent to the 6 anglophone universities and 205 questionnaires (32%) sent to the 1 francophone university.

[b]An additional 43 students were located too late to be included in the study.

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3.1 RESULTS

RESULTS

3.1 STUDY OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS 15

3.1.1 General Description 15

3.1.1.1 Response Rate 15
3.1.1.2 Homogeneity of Group 15

3.1.2 General Profile 19

3.1.2.1 Profession 19
3.1.2.2 Gender 19
3.1.2.3 Age 21
3.1.2.4 Languages 24
3.1.2.5 Education 28

3.1.2.5.1 Highest Degree 28
3.1.2.5.2 Country Where Educated 30
3.1.2.5.3 Acceptance into a Canadian Program 31

3.1.3 Membership Information 32

3.1.3.1 Professional Association Affiliations 32
3.1.3.2 Scientific and Other Associations 34

3.1.4 Location 35

3.1.4.1 Residence 35
3.1.4.2 Work Setting 37
3.1.4.3 Community Size 42

3.1.5 Work History and Responsibilities 44

3.1.5.1 Employment Status 44

3.1.5.1.1 Employment by Profession 44
3.1.5.1.2 Employment by Age 44
3.1.5.1.3 Full Time and Part Time Patterns 45
3.1.5.1.4 Private Practice 49
3.1.5.1.5 Primary Employment Responsibility 50

3.1.5.2 Work Experience 53
3.1.5.3 Leaves 57
3.1.5.4 Caseload Distribution 62
3.1.5.5 Age Distribution of Caseload 67

3.1 STUDY OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

3.1.1 GENERAL DESCRIPTION

3.1.1.1 Response Rate

As shown in **TABLE 3**, 2183 of the 3171 questionnaires distributed (69%) were returned. Although data on foreign members of both CASLPA and provincial associations was sought and recorded, these 32 surveys were excluded from the general analysis. Also excluded were 24 surveys which arrived too late to be processed and 2 surveys which were incomplete. In addition, current mailing addresses could not be obtained for 21 surveys that were returned by Canada Post. Thus, 2126 questionnaires from SLPs and AUDs in Canada (70% return) were used in the analysis.

A comparison of the geographic characteristics of the respondents indicates a higher return from the eastern (79%) than the western provinces (65%). The Central Canadian provinces of Quebec and Ontario had response rates of 70% and 71% respectively and 6 of the 7 surveys (86%) distributed to those in the North were returned.

3.1.1.2 Homogeneity of Group

CASLPA members were compared with non-members on selected variables: 1) profession; 2) gender; 3) age; 4) language proficiency; 5) educational attainment; 6) country of education; 7) place of residence; 8) community size; and 9) employment status. This information is presented in **TABLE 4**. The most significant differences between the groups are that more members (99%) than non-members (68%) speak English and the majority of non-members (82%) reside in Central Canada compared to 45% of members.

Professional composition, gender and age distribution of the two groups, as well as size of the community where located are very similar. More CASLPA members hold doctoral degrees than non-members (3% versus 1%), while more non-members than members (12% versus 7%) hold degrees other than a baccalaureate, Masters or doctorate. More CASLPA members (70%) than non-members (50%) were educated in Canada and slightly more CASLPA members (92%) than non-members (86%) are employed.

Results of T-Tests to compare the number of years of work experience and the number of hours of part-time work between the two groups show no significant differences. This information is presented in **TABLES 5** and **6** on page 18.

TABLE 3

RESPONSE RATE BY PROVINCE, TERRITORY AND OTHER LOCATION TO THE STUDY OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

LOCATION	QUESTIONNAIRES Distributed	Undeliverable	Returned	ADJUSTED RETURN
WESTERN CANADA	**1 171**	**9**	**760**	**65%**
British Columbia	453	6	284	64%
Alberta	419	3	268	64%
Saskatchewan	108	-	76	70%
Manitoba	191	-	132	69%
CENTRAL CANADA	**1 636**	**10**	**1 174**[a]	**71%**
Ontario	1 137	8	810[b]	71%
Quebec	499	2	364[c]	70%
EASTERN CANADA	**265**	**2**	**211**[d]	**79%**
New Brunswick	77	-	67	87%
Nova Scotia	137	2	110[d]	79%
Prince Edward Island	13	-	9	69%
Newfoundland	38	-	25	66%
NORTHERN CANADA	**7**	**-**	**6**	**86%**
Yukon	4	-	3	75%
Northwest Territories	3	-	3	100%
CANADA	**3 079**	**21**	**2 151**[e]	**70%**
OTHER	**92**[f]	**4**[g]	**32**	**35%**
TOTAL	**3 171**	**25**	**2 183**	**69%**

[a] includes 21 surveys which arrived too late to be included and 1 incomplete survey
[b] includes 7 surveys which arrived too late to be included
[c] includes 14 surveys which arrived too late and 1 incomplete survey
[d] includes 3 surveys which arrived too late to be included
[e] includes 24 surveys which arrived too late and 1 incomplete survey
[f] includes 52 surveys sent to the United States and 40 surveys sent to other countries
[g] includes 2 sent to the United States and 2 sent to other countries

TABLE 4

COMPARISON OF CASLPA MEMBERS WITH NON-MEMBERS

VARIABLE		CASLPA MEMBERS	NON-MEMBERS
PROFESSIONAL COMPOSITION	SLPs	80%	79%
	AUDs	17%	13%
	SLP/AUDs	3%	8%
GENDER	FEMALE	89%	89%
	MALE	11%	11%
AGE	< 40 yr	78%	80%
	40-49 yr	17%	16%
	50+ yr	5%	4%
LANGUAGE PROFICIENCY	English	99%	68%
	French	11%	43%
EDUCATIONAL ATTAINMENT	Bachelor	16%	16%
	Masters	77%	76%
	Doctorate	3%	1%
	Other	4%	7%
COUNTRY OF EDUCATION	Canada	70%	50%
	U.S.A.	23%	38%
	Other	7%	12%
RESIDENCE	WEST	43%	14%
	CENTRAL	45%	82%
	EAST	12%	4%
COMMUNITY SIZE	< 49,999	24%	25%
	50,000-99,999	11%	14%
	100,000-249,999	16%	15%
	250,000+	49%	46%
EMPLOYMENT STATUS	EMPLOYED	92%	86%
	RETIRED	<1%	1%
	EDUCATIONAL LEAVE	2%	3%
	MATERNITY LEAVE	3%	4%
	OTHER	4%	5%

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TABLE 5

T-TEST FOR YEARS OF WORK EXPERIENCE OF CASLPA MEMBERS AND NON-MEMBERS

							POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
GROUP	NUMBER	MEAN	STANDARD DEVIATION	STANDARD ERROR	F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
CASLPA MEMBERS	1534	9.2001	8.583	0.188	1.20	0.011	-2.00	2106	0.046	-2.08	1117.23	0.038
NON-MEMBERS	674	8.6732	6.000	0.250								

TABLE 6

T-TEST FOR NUMBER OF HOURS OF PART-TIME WORK OF CASLPA MEMBERS AND NON-MEMBERS

							POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
GROUP	NUMBER	MEAN	STANDARD DEVIATION	STANDARD ERROR	F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
CASLPA MEMBERS	1534	6.3818	10.669	0.270	1.08	0.398	1.54	2106	0.123	1.52	1001.93	0.129
NON-MEMBERS	674	6.1855	10.868	0.454								

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3.1.2 GENERAL PROFILE

3.1.2.1 Profession

Data from the study revealed that approximately 80% of the communication disorders professionals in Canada are speech-language pathologists (SLPs), 16% are audiologists (AUDs) and only a small number (4%) have completed degrees in both of these fields (SLP/AUDs). **Figure 2** illustrates these percentages.

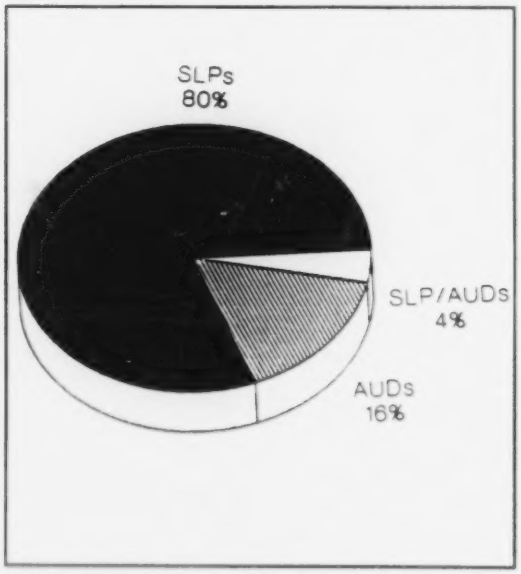

Figure 2. Composition of the communication disorders profession.

TABLE 7 shows the estimated speech-language pathologist and audiologist-to-population ratio for each province and territory. It should be noted that these figures include all professionals in each province and territory; they do not consider that some of these professionals work part-time and some are on either a temporary or permanent leave from their field. Therefore, these figures reflect a higher professional-to-population ratio than may be true. As illustrated, at the time of the study, Newfoundland had the highest population-to-SLP ratio of any of the provinces. Its ratio of 17,765 persons per SLP compared with the national average of 10,462 persons per speech-language pathologist. Saskatchewan had the highest population-to-AUD ratio at 126,113 persons per AUD compared with the national average of 53,535 persons per audiologist.

3.1.2.2 Gender

Figures 3 and **4** illustrate the percentage of females and males in the professions. Both fields are predominantly female; males comprise only 7% of the SLPs and 29% of the AUDs. The group of female communication disorders professionals is comprised of 81% SLPs, 15% AUDs and 4% SLP/AUDs. For the male group, 44% are SLPs, 52% are AUDs and 4% are SLP/AUDs. This information is presented in **Figure 5**.

TABLE 7

ESTIMATED SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST-TO-POPULATION RATIO FOR EACH PROVINCE, TERRITORY AND CANADA

PROVINCE OR TERRITORY	# SLPs	# AUDs	# SLP/AUDs	POPULATION ESTIMATE - 1988[a]	SLP RATIO 1:	AUD RATIO 1:
British Columbia	385	60	8	3 009 000.1	7 816	50 152
Alberta	379	33	7	2 407 000.9	6 353	72 967
Saskatchewan	99	8	1	1 008 000.9	10 190	126 113
Manitoba	160	30	1	1 033 000.8	6 773	36 127
Ontario	932	191	14	9 479 000.8	10 172	49 633
Quebec	316	111	72	6 654 000.3	17 698	59 949
New Brunswick	62	14	1	715 000.0	11 532	51 071
Nova Scotia	107	28	2	883 000.9	8 261	31 568
Prince Edward Island	11	2	-	129 000.2	11 746	64 600
Newfoundland	32	6	-	568 000.5	17 765	94 750
Yukon	2	1	1	25 000.4	12 700	...
Northwest Territories	2	-	1	52 000.5	26 250	...
TOTAL	**2 487**	**486**	**108**	**26 018 000.4**	**10 462**	**53 535**

[a]Source: Statistics Canada (1988), Updated Postcensal Estimates.

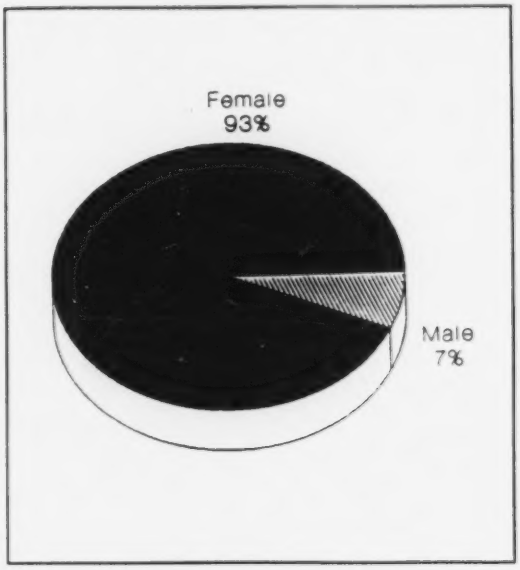

Figure 3. Gender of speech-language pathologists.

The distribution of professionals by gender across the country is outlined in **TABLE 8**. Examination of the data reveals some differences, but caution must be exercised in interpretation of these results given the small numbers in some provinces. The eastern provinces have an overall higher percentage of male SLPs (5 to 16%), compared to 3 to 8% in the western provinces and 6 to 8% in Central Canada.

Manitoba and Nova Scotia have an approximately equal percentage of each gender of AUDs, compared to the national average of almost two thirds female and only one third male. Although Newfoundland seems to show an opposite pattern to the national trend, with a higher percentage of males in the field, no conclusions can be drawn because of their very small sample size.

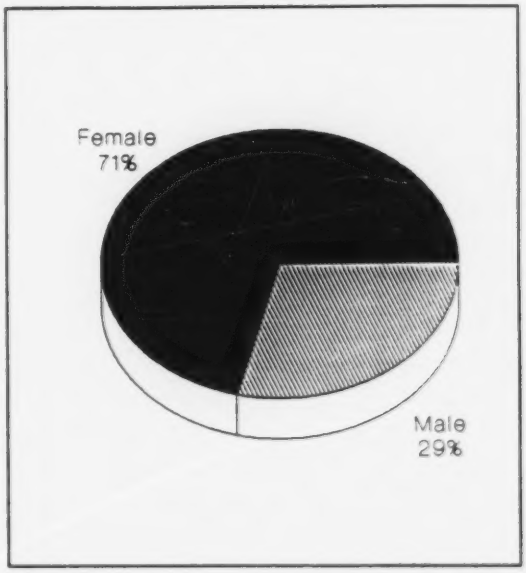

Figure 4. Gender of audiologists.

3.1.2.3 Age

Speech-language pathologists and audiologists are a relatively young occupational group with 25 to 27% under the age of 30 years; less than 3 to 5% are over 50 years old. **Figure 6** reveals a similar age distribution for

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TABLE 8

GENDER OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY LOCATION

LOCATION	GENDER			
	Female SLPs	Male SLPs	Female AUDs	Male AUDs
WESTERN CANADA	**94%**	**6%**	**66%**	**34%**
British Columbia	92%	8%	69%	31%
Alberta	95%	5%	74%	26%
Saskatchewan	94%	6%	83%	17%
Manitoba	97%	3%	45%	55%
CENTRAL CANADA	**93%**	**7%**	**79%**	**21%**
Ontario	92%	8%	74%	26%
Quebec	94%	6%	89%	11%
EASTERN CANADA	**90%**	**10%**	**55%**	**45%**
New Brunswick	84%	16%	62%	38%
Nova Scotia	95%	5%	50%	50%
Prince Edward Island	86%	14%	100%	-
Newfoundland	89%	11%	33%	67%
NORTHERN CANADA	**67%**	**33%**	**100%**	-
Yukon	100%	-	100%	-
Northwest Territories	50%	50%	-	-
TOTAL	**93%**	**7%**	**71%**	**29%**

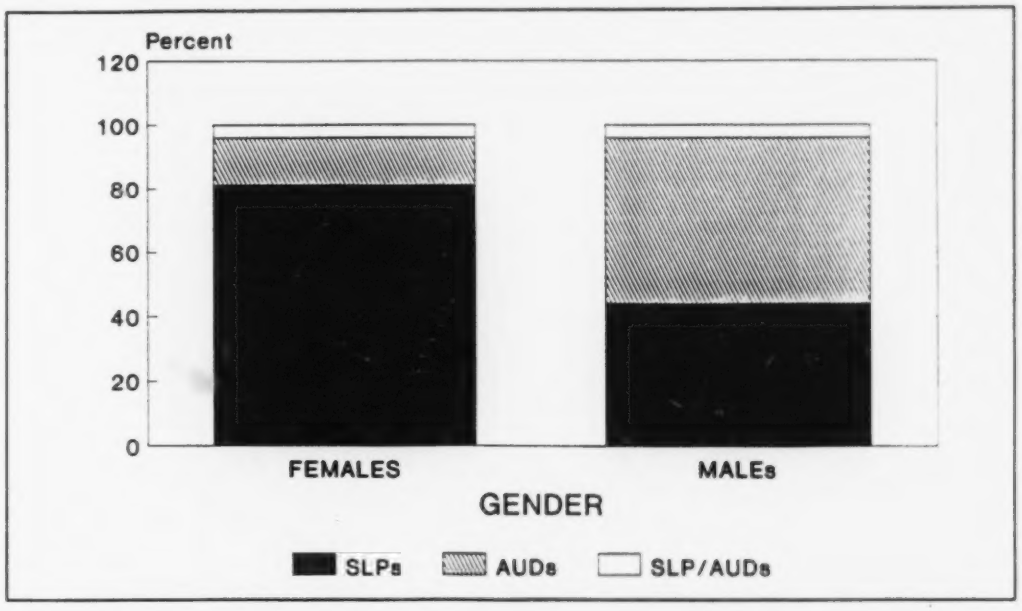

Figure 5. Composition by profession of each gender group.

speech-language pathologists and audiologists. As illustrated, the highest percentage for both groups is in the 30 to 34 year old age range and about three fourths of both SLPs and AUDs are between 25 to 39 years of age.

In contrast, the speech-language pathologist/audiologists are an older group, with their largest segment (25%) between 35 to 39 years of age. Comparatively few (16%) are under 30 years of age.

When the age of the professionals was examined by province, some differences became apparent. In general, those in Eastern Canada are younger than their counterparts in Central and Western Canada. For the SLPs, between 0 to 16% in the Atlantic provinces are over 39 years old, while the range for the Western and Central Canadian provinces is 18 to 25%.

For the audiologists, the east to west age contrast is even more noticeable. For example, nearly half of the audiologists in New Brunswick are under 30 years of age, compared to only 11% in Alberta. **TABLE 9** (on page 25) outlines the age distribution by province for both the speech-language pathologists and the audiologists.

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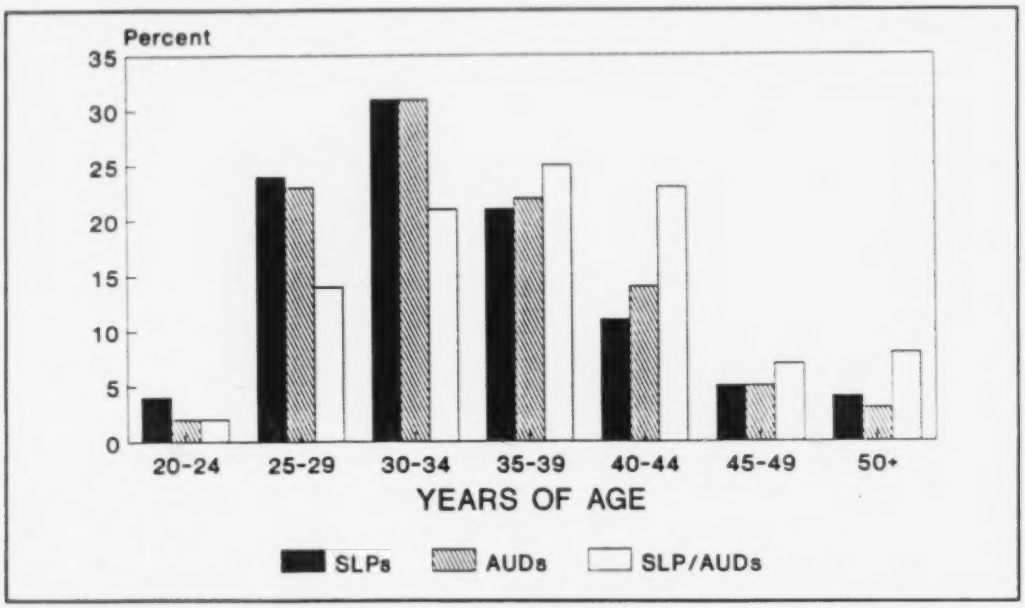

Figure 6. Age of speech-language pathologists, audiologists and speech-language pathologist/audiologists.

3.1.2.4 Languages

Most speech-language pathology and audiology services in Canada (78 to 88%) are available in English, with the exception of Quebec where over 64% of SLPs and AUDs offer services in French. In New Brunswick, the only official bilingual province, there is also more than the national average of service in the French language (14 to 30%). Further details are presented in **TABLE 10** on page 26.

Some survey respondents (10%) indicated their fluency in manual communication and/or their ability to offer services in a minority language (4%). See **APPENDIX G1** for a list of minority languages spoken by SLP and AUD respondents, as well as for further information on language proficiency for each professional group. **Figure 7** compares the use of manual communication among anglophone, francophone and bilingual SLPs and AUDs. **Figure 8** shows the use of minority languages by these same groups.

TABLE 9

AGE OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY LOCATION

LOCATION	PROFESSION	AGE GROUP						
		20-24	25-29	30-34	35-39	40-44	45-49	50+
WESTERN CANADA								
British Columbia	SLPs (%)	1	19	30	27	15	3	5
	AUDs (%)	-	14	29	31	17	3	6
Alberta	SLPs (%)	8	22	37	19	5	5	3
	AUDs (%)	4	7	33	26	15	11	4
Saskatchewan	SLPs (%)	8	27	21	21	14	-	10
	AUDs (%)	-	17	17	67	-	-	-
Manitoba	SLPs (%)	6	27	33	17	8	3	7
	AUDs (%)	5	25	25	25	15	5	-
CENTRAL CANADA								
Ontario	SLPs (%)	2	27	31	18	12	6	5
	AUDs (%)	1	28	33	21	13	4	1
Quebec	SLPs (%)	1	22	28	25	14	6	6
	AUDs (%)	4	26	28	16	15	7	4
EASTERN CANADA								
New Brunswick	SLPs (%)	6	33	37	10	8	4	2
	AUDs (%)	8	39	23	23	-	-	8
Nova Scotia	SLPs (%)	6	16	29	33	10	4	3
	AUDs (%)	-	14	46	9	18	5	9
Prince Edward Island	SLPs (%)	14	14	43	29	-	-	-
	AUDs (%)	-	-	50	-	50	-	-
Newfoundland	SLPs (%)	11	32	26	21	5	-	5
	AUDs (%)	33	-	-	33	-	-	33
NORTHERN CANADA								
Yukon	SLPs (%)	-	50	-	50	-	-	-
	AUDs (%)	-	100	-	-	-	-	-
Northwest Territories	SLPs (%)	-	-	-	-	100	-	-
	AUDs (%)	-	-	-	-	100	-	-
TOTAL	**ALL (%)**	**3**	**23**	**31**	**21**	**12**	**5**	**5**

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TABLE 10

LANGUAGE COMPETENCIES OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY LOCATION

LOCATION	← LANGUAGE COMPETENCY → Anglophone	Francophone	Bilingual
WESTERN CANADA	**97%**	**1%**	**2%**
British Columbia	97%	<1%	2%
Alberta	99%	<1%	1%
Saskatchewan	97%	1%	2%
Manitoba	93%	1%	6%
CENTRAL CANADA	**64%**	**21%**	**15%**
Ontario	90%	1%	9%
Quebec	7%	64%	29%
EASTERN CANADA	**87%**	**5%**	**8%**
New Brunswick	70%	14%	16%
Nova Scotia	96%	1%	3%
Prince Edward Island	100%	-	-
Newfoundland	91%	-	9%
NORTHERN CANADA	**100%**	-	-
Yukon	100%	-	-
Northwest Territories	100%	-	-
CANADA	**78%**	**12%**	**10%**

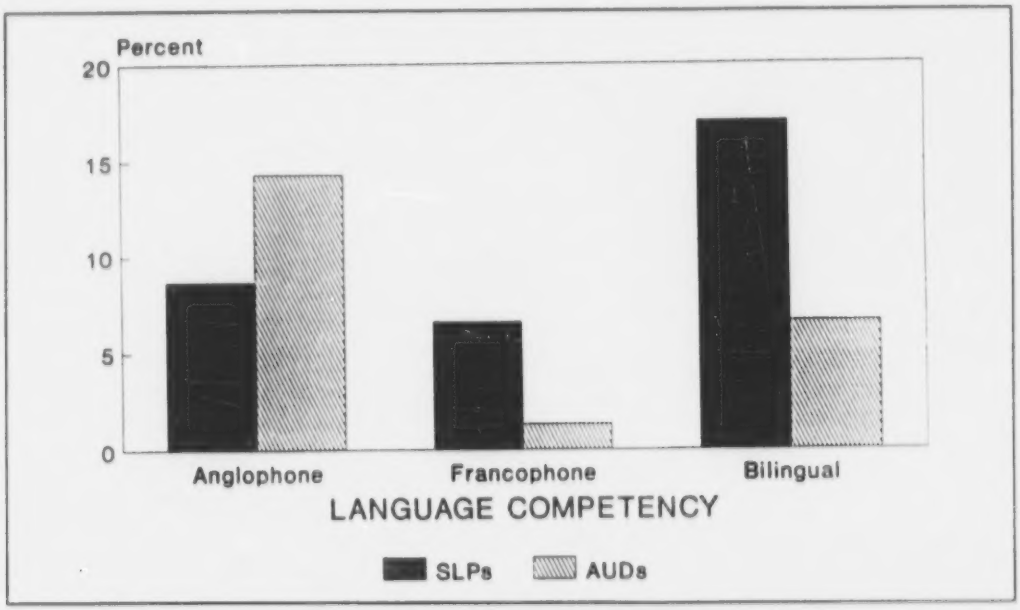

Figure 7. Manual communication use by anglophone, francophone and bilingual speech-language pathologists and audiologists.

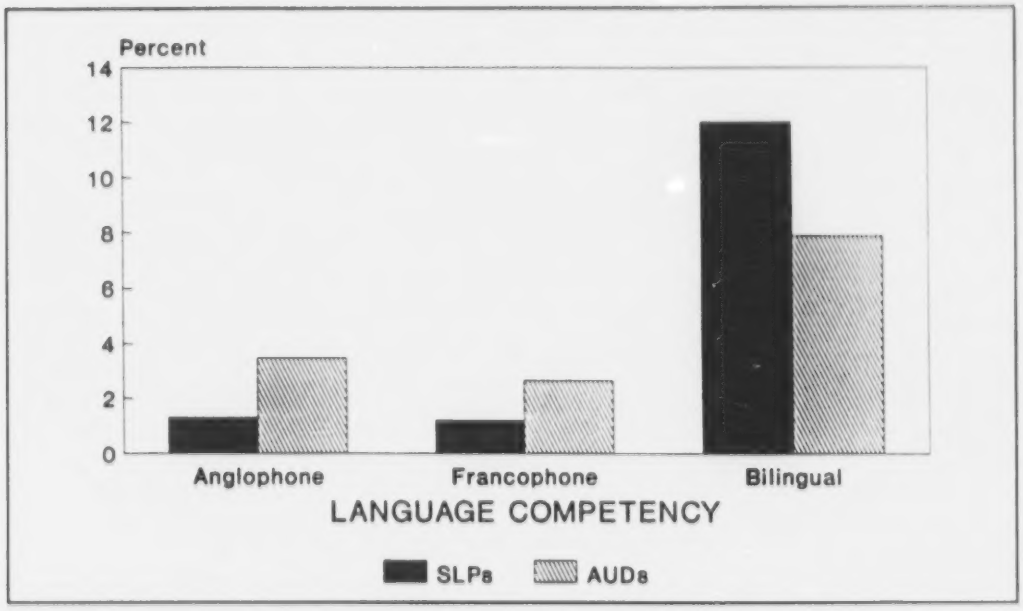

Figure 8. Minority language use by anglophone, francophone and bilingual speech-language pathologists and audiologists.

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3.1.2.5 Education

3.1.2.5.1 *Highest Degree*

In Canada, 79% of SLPs and AUDs hold a Masters degree. This varies substantially between SLPs (73%) and AUDs (94%). Those holding doctoral degrees account for less than 3 to 5% of the professionals. Additional information is presented in **Figure 9**.

The two provinces offering undergraduate degree programs have high percentages of professionals working with Bachelor degrees as their terminal degree; Alberta has 52% and Ontario has 17%. All survey respondents from Prince Edward Island, the Northwest Territories and the Yukon held graduate degrees, while over 85% from Quebec, Nova Scotia, Manitoba, New Brunswick and Newfoundland held graduate degrees. Details are in **TABLE 11**.

Figure 10 relates the level of educational attainment with primary job responsibility. Regardless of the degree attained, both SLPs and AUDs indicated clinical service as their most common activity, ranging from 35% for those holding doctoral degrees to 94% for those with Bachelor degrees. More than half (57%) of those conducting research as their principal responsibility hold a doctorate (57%), while 79% of those that described themselves principally as administrators hold a Masters degree.

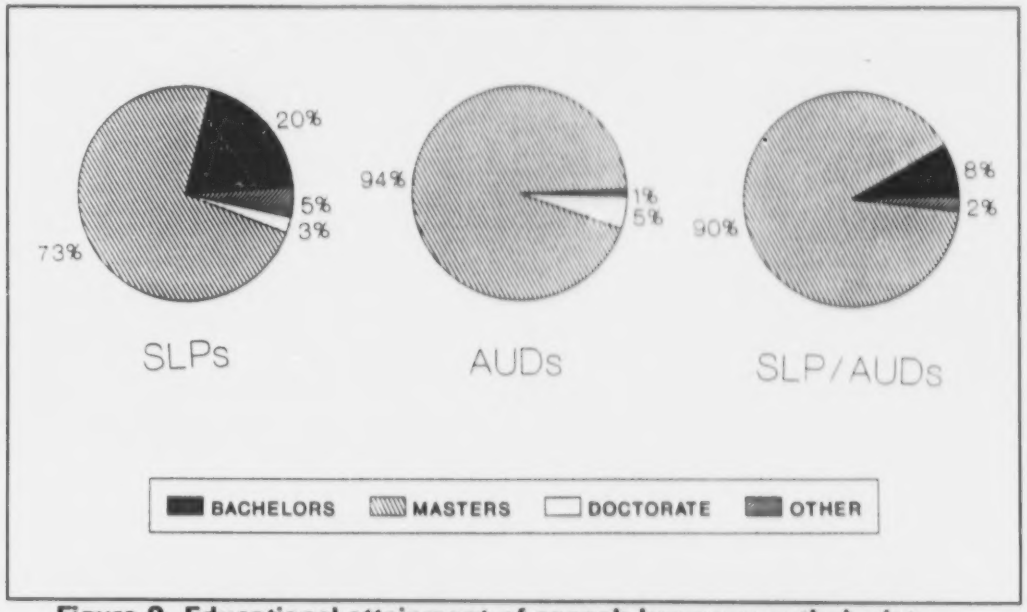

Figure 9. Educational attainment of speech-language pathologists, audiologists and speech-language pathologist/audiologists.

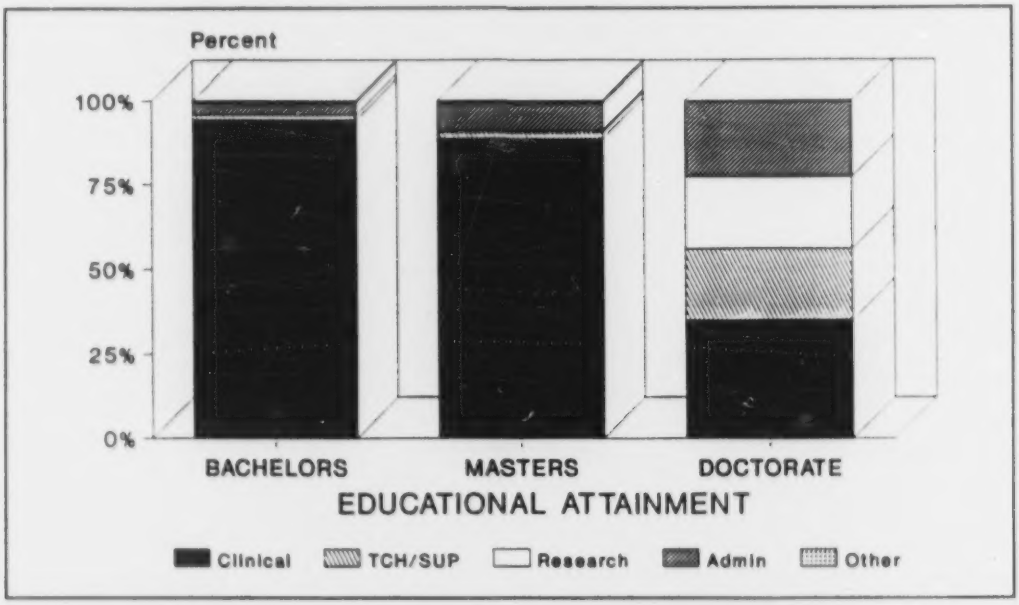

Figure 10. Primary job responsibility by educational attainment of speech-language pathologists, audiologists and speech-language pathologist/audiologists.

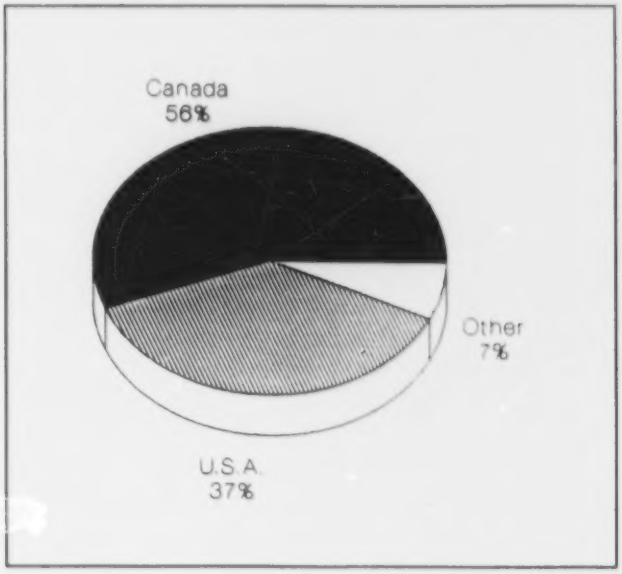

Figure 11. Country of education of Canadian speech-language pathologists and audiologists.

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TABLE 11

EDUCATIONAL ATTAINMENT OF CANADIAN SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

LOCATION	← HIGHEST DEGREE →		
	BACHELORS	MASTERS	DOCTORATE
British Columbia	14%	82%	4%
Alberta	52%	42%	2%
Saskatchewan	21%	76%	3%
Manitoba	10%	90%	-
Ontario	17%	77%	3%
Quebec	-	97%	1%
New Brunswick	13%	87%	-
Nova Scotia	5%	93%	2%
Prince Edward Island	-	100%	-
Newfoundland	13%	87%	-
Yukon	-	100%	-
Northwest Territories	-	100%	-
CANADA	**16%**	**79%**	**3%**

3.1.2.5.2
Country Where Educated

As shown in **Figure 11** on the previous page, the SLPs and AUDs surveyed included 56% that completed their studies in Canada, 37% that studied in the United States and 7% that studied in another country. The province with the highest percentage of professionals that completed their education in Canada is Quebec (85%), where one anglophone and the country's only francophone program are offered. The provinces with the highest percentage of professionals who studied in the United States are Manitoba (83%) and Saskatchewan (68%). Neither of these provinces has a university program in speech-language pathology or audiology.

The majority (71%) of those students who studied outside of North America reside in Ontario and Quebec. Britain was the most common location listed for those from Ontario and France and Belgium were most common for those from Quebec. **TABLE 12** illustrates the country in which the professionals in each province and territory were educated.

The number of Canadians graduating from Canadian programs has not increased significantly over the past 10 years. Data obtained from the educational institutions and the Federal/ Provincial Report on Rehabilitation Personnel (1988) is summarized in **TABLES 13** and **14**. These tables should be interpreted carefully since the annual number of graduates does not represent the number of first time additions of SLPs and AUDs produced by the Canadian universities each year. A number of graduates may pursue higher university degrees and therefore may be counted more than one time.

TABLE 12

COUNTRY WHERE CANADIAN SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS WERE EDUCATED

LOCATION	COUNTRY		
	CANADA	U.S.A.	OTHER
British Columbia	43%	51%	6%
Alberta	61%	36%	3%
Saskatchewan	27%	73%	-
Manitoba	17%	83%	-
Ontario	56%	36%	8%
Quebec	85%	7%	8%
New Brunswick	67%	33%	-
Nova Scotia	70%	27%	3%
Prince Edward Island	71%	29%	-
Newfoundland	67%	13%	20%
Yukon	50%	50%	-
Northwest Territories	-	100%	-
CANADA	**58%**	**36%**	**6%**

TABLE 13

CANADIAN UNIVERSITY GRADUATES IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY 1980-1985

YEAR	GRADUATES			
	BACHELORS	MASTERS	DOCTORATE	TOTAL
1980	78	112	2	192
1981	81	113	1	195
1982	83	109	-	192
1983	75	108	-	183
1984	82	102	-	184
1985	85	95	-	180

TABLE 14

CANADIAN UNIVERSITY GRADUATES IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY 1986-1990

YEAR	GRADUATES		
	SLP	AUD	TOTAL
1986	128	34	162
1987	141	25	166
1988	152	35	187
1989	150	27	177
1990	158	29	187

3.1.2.5.3
Acceptance into a Canadian Program

The survey data revealed that 33% of the SLPs and AUDs in Canada did not apply to a Canadian program. Of those that did apply, only about half (52%) were accepted. Approximately 5% of

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those that were accepted to a Canadian university indicated that they declined their acceptance offer and pursued their studies outside of Canada.

The data further revealed that Western Canadians (31 to 65%) were more likely than those from Central Canada (9 to 33%) or Eastern Canada (18 to 27%) to not apply to a Canadian program. Over half (56%) of the SLPs and AUDs who did not apply to a Canadian university were from the provinces of British Columbia, Alberta and Saskatchewan. It appears that the provinces with the lowest acceptance rates for their students were Ontario (33%) and Quebec (43%); the best acceptance rate was from those from New Brunswick (67%).

3.1.3 MEMBERSHIP INFORMATION

3.1.3.1 Professional Association Affiliations

TABLE 15 shows membership affiliation by province. At the time of the survey, professionals from the Yukon and Northwest Territories did not have their own associations and many were members of the association in the bordering province (i.e., those in the Yukon joined BCASLPA and those from the Northwest Territories joined SHAA). Membership to CASLPA, as outlined previously on page 8, varies across the country. The three provinces with the lowest overall membership are: Quebec (38%), Ontario (63%) and New Brunswick (72%). CASLPA membership in all other provinces is 80% or higher.

A slightly higher percentage of the AUDs (78%) than the SLPs (73%) hold membership to CASLPA, although the differences are not statistically significant. Membership among SLPs is lowest in Quebec (37%), Ontario (61%) and New Brunswick (72%), compared to over 80% elsewhere.

Typically over 90% of the AUDs in each province have membership affiliations with CASLPA. Exceptions to this are those in Quebec (53%), Ontario (77%), Alberta (82%) and New Brunswick (85%).

A higher percentage of the AUDs (32%) than the SLPs (29%) also hold membership to ASHA. A total of 93% of Canadian ASHA members indicated they were also members of a provincial professional association, while 79% of Canadian ASHA members indicated that they held membership to CASLPA.

ASHA membership among SLPs ranges from a low of 15% in Quebec to a high of 46% in Manitoba. ASHA membership for the AUDs also varies greatly by province. For instance, in Alberta, 74% of AUDs are members, while in Quebec and Nova Scotia only 5% and 9% respectively are members.

TABLE 15

SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS AND THEIR MEMBERSHIP AFFILIATIONS

LOCATION	ASSOCIATION			
	JOINT MEMBER	CASLPA only	PROV. only	NON-MEMBER
British Columbia	57% (260)	36% (161)	6% (129)	1% (3)
Alberta	64% (270)	22% (94)	12% (52)	1% (3)
Saskatchewan	64% (73)	17% (20)	19% (22)	- (0)
Manitoba	.. [a]		..	55% (11)
Ontario	52% (592)	11% (127)	34% (378)	3% (35)
Quebec	.. [b]		..	..
New Brunswick	68% (53)	4% (3)	62% (8)	39% (5)
Nova Scotia	54% (74)	34% (47)	50% (11)	50% (11)
Prince Edward Island	77% (10)	8% (1)	100% (2)	-
Newfoundland	71% (17)	16% (6)	33% (1)	67% (2)
Yukon[c]	50% (2)	50% (2)	...	-
Northwest Territories[d]	0% (-)	100% (2)	...	-
United States	15% (8)	62% (32)	23% (12)	..
Other	20% (8)	40% (16)	40% (16)	..

[a] Total CASLPA membership is 153.
[b] Total CASLPA membership is 188.
[c] Provincial association = BCASLPA.
[d] Provincial association = SHAA.

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In contrast, membership to provincial speech-language pathology and audiology associations is higher for the SLPs (90%) than the AUDs (84%). British Columbia and Nova Scotia have the lowest percentage of their SLPs holding membership in their respective provincial association at 77% and 81% respectively. Membership among AUDs is considerably below the mean in the following provinces: Saskatchewan (33%), British Columbia (63%) and Nova Scotia (68%).

Figure 12 shows membership by professional group to CASLPA, provincial professional associations, ASHA and other associations. Figure 13 outlines affiliations by region.

3.1.3.2 Scientific and Other Associations

Figure 12 below reveals that a higher percentage of AUDs (19%) than SLPs (13%) belong to scientific and other associations. (See **APPENDIX H1** for a list of over 100 associations with which Canadian speech-language pathologists and audiologists are affiliated.)

As illustrated in **Figure 13**, there are variations in membership by region; a higher percentage of SLPs and AUDs from Central and Eastern Canada compared to Western Canada are affiliated with other professional associations.

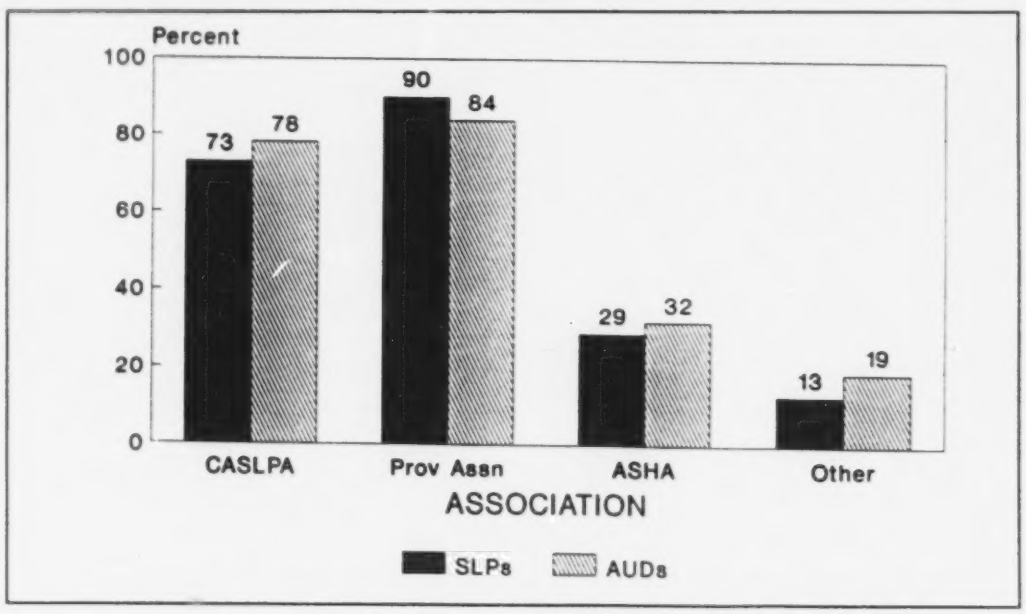

Figure 12. Membership affiliations by profession of Canadian speech-language pathologists and audiologists.

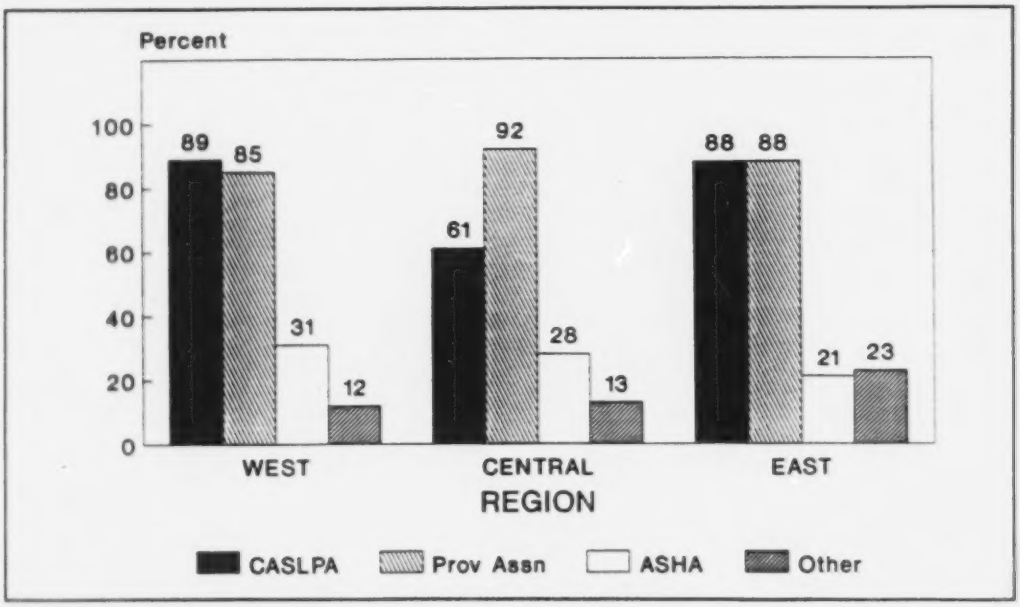

Figure 13. Membership affiliations of Canadian speech-language pathologists and audiologists by place of residence.

3.1.4 LOCATION

3.1.4.1 Residence

TABLE 16 presents the distribution of SLPs, AUDs and SLP/AUDs by province and territory. As shown, the majority (53%) reside in Central Canada, followed by 38% in the West, 8% in the East, and less than 1% in the North.

Figure 14 (on page 37) illustrates the relationship between the percentage of speech-language pathologists and audiologists in the Western, Central and Eastern Canadian provinces and the percent of the total population for the area. The percentage of each professional group is approximately the same in Eastern Canada, while the percentage of SLPs exceeds AUDs in the West and the percentage of AUDs is greater than the percentage of SLPs in the central region of the country.

TABLE 16

DISTRIBUTION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

LOCATION	PROFESSION			TOTAL	PERCENT
	SLPs	AUDs	SLP/AUDs		
WESTERN CANADA	**1 023**	**131**	**17**	**1 171**	**38.0%**
British Columbia	385	60	8	453	14.7%
Alberta	379	33	7	419	13.6%
Saskatchewan	99	8	1	108	3.5%
Manitoba	160	30	1	191	6.2%
CENTRAL CANADA	**1 248**	**302**	**86**	**1 636**	**53.1%**
Ontario	932	191	14	1 137	36.9%
Quebec	316	111	72	499	16.2%
EASTERN CANADA	**212**	**50**	**3**	**265**	**8.6%**
New Brunswick	62	14	1	77	2.5%
Nova Scotia	107	28	2	137	4.5%
Prince Edward Island	11	2	-	13	.4%
Newfoundland	32	6	-	38	1.2%
NORTHERN CANADA	**4**	**1**	**2**	**7**	**.2%**
Yukon	2	1	1	4	.1%
Northwest Territories	2	-	1	3	.1%
TOTAL	**2 487**	**484**	**108**	**3 079**	**100%**

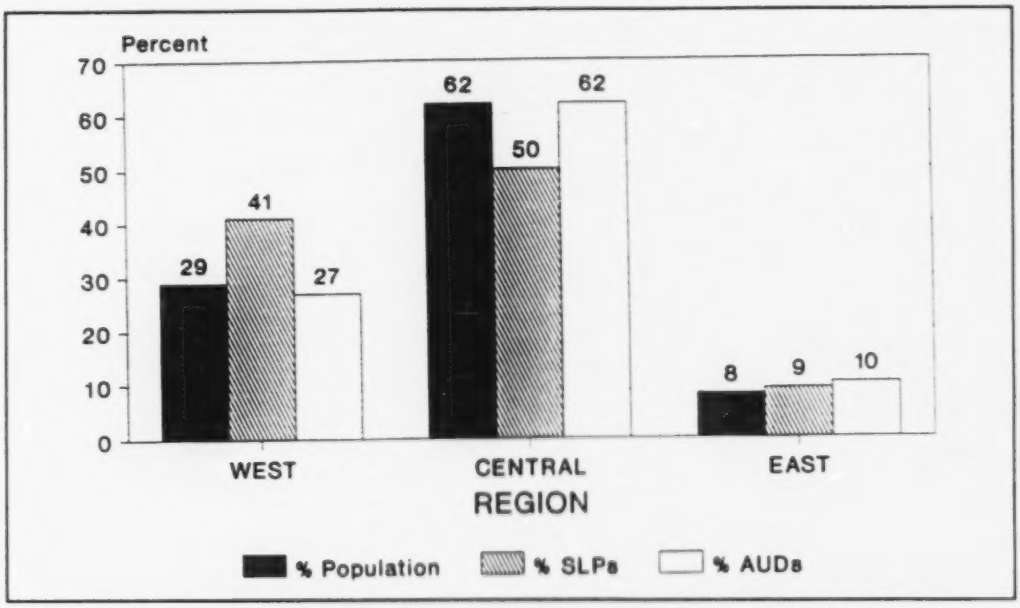

Figure 14. Relationship between the percentage of speech-language pathologists and audiologists and the percentage of the population.

3.1.4.2 Work Setting

The various types of work settings of SLPs, AUDs and SLP/AUDs are represented in **Figure 15**. School Boards are the major employer for SLPs (38%) and SLP/AUDs (33%), while hospitals are the major employer for AUDs (51%).

As shown in **TABLE 17**, the most common work setting for SLPs and AUDs varies across the country. School Boards are the largest employer for SLPs in Western Canada (47%), with a range from 32% in Alberta to 65% in Manitoba. In contrast, hospitals are more common in both Central and Eastern Canada (34% and 38% respectively).

Although hospitals, as previously stated, are the most common work setting for audiologists, hospitals and Public Health and/or Community Social Services settings are equally popular in the West (26% and 27% respectively).

Approximately half (48%) of the speech-language pathologists and audiologists working with a Bachelor degree as their terminal degree listed schools as their primary work setting, and 25% listed Public Health and/or Community Social Services. For those

TABLE 17

WORK SETTING OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY LOCATION

RESIDENCE	PROFESSION	WORK SETTING						
		Hosp	Rehab	Sch	PH/SS	PrPrac	Univ	Other
WESTERN CANADA	**SLPs (%)**	**15**	**10**	**47**	**20**	**4**	**–**	**4**
	AUDs (%	**26**	**12**	**11**	**27**	**13**	**–**	**11**
British Columbia	SLPs (%)	13	10	50	20	5	--	1
	AUDs (%)	21	-	3	33	21	--	21
Alberta	SLPs (%)	22	11	32	25	5	2	4
	AUDs (%)	35	26	26	-	9	-	4
Saskatchewan	SLPs (%)	7	13	52	26	2	-	-
	AUDs (%)	50	-	-	50	-	-	-
Manitoba	SLPs (%)	12	5	65	7	-	-	11
	AUDs (%)	20	15	10	40	10	-	5
CENTRAL CANADA	**SLPs (%)**	**34**	**15**	**31**	**10**	**5**	**2**	**4**
	AUDs (%)	**57**	**8**	**3**	**6**	**17**	**4**	**4**
Ontario	SLPs (%)	33	13	31	13	4	1	5
	AUDs (%)	53	4	3	5	26	2	7
Quebec	SLPs (%)	36	18	30	2	8	3	2
	AUDs (%)	65	15	3	8	1	8	-
EASTERN CANADA	**SLPs (%)**	**38**	**5**	**41**	**12**	**2**	**2**	**–**
	AUDs (%)	**68**	**-**	**-**	**22**	**3**	**3**	**5**
New Brunswick	SLPs (%)	59	4	22	12	2	-	-
	AUDs (%)	100	-	-	-	-	-	-
Nova Scotia	SLPs (%)	21	4	57	9	3	4	1
	AUDs (%)	45	-	-	35	5	5	10
Prince Edward Island	SLPs (%)	14	14	14	57	-	-	-
	AUDs (%)	-	-	-	100	-	-	-
Newfoundland	SLPs (%)	56	6	33	6	-	-	-
	AUDs (%)	100	-	-	-	-	-	-
NORTHERN CANADA	**SLPs (%)**	**-**	**-**	**50**	**50**	**-**	**-**	**-**
	AUDs (%)	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Yukon	SLPs (%)	-	-	-	100	-	-	-
	AUDs (%)	-	-	-	-	-	-	-
Northwest Territories	SLPs (%)	-	-	100	-	-	-	-
	AUDs (%)	-	-	-	-	-	-	-
TOTAL	**SLPs (%)**	**27**	**12**	**38**	**14**	**4**	**1**	**4**
	AUDs (%)	**51**	**8**	**13**	**5**	**15**	**3**	**5**

holding a Masters degree or the equivalent, School Boards employ 30%, hospitals employ 35% and Public Health and/or Community Social Services employ another 12%. More than one third (37%) of those holding a doctoral degree work at a university; 30% work in a hospital setting and 12% work in private practice. Further details are presented in **Figure 16**.

Figure 17 reveals that the primary employment setting of SLPs serving the school-age population varies. More than half (54%) are employed by a School Board, while 21% work in a hospital, 11% with Public Health and/or Community Social Services, 9% at a (Re)habilitation Centre and 5% in private practice.

Figure 18 shows that a higher percentage of AUDs (17%) than SLPs (14%) engage in private practice in addition to their principal employment.

The percentage of each professional group that is self-employed is illustrated in **Figure 19**. As shown, a higher percentage of those professionals holding both speech-language pathology and audiology degrees (28%) than those with degrees in just one of the communication disorders fields (13% for SLPs and 20% for AUDs) is self-employed. **Figure 20** reveals that more than twice as many males (20%) than females (9%) in these fields are self-employed.

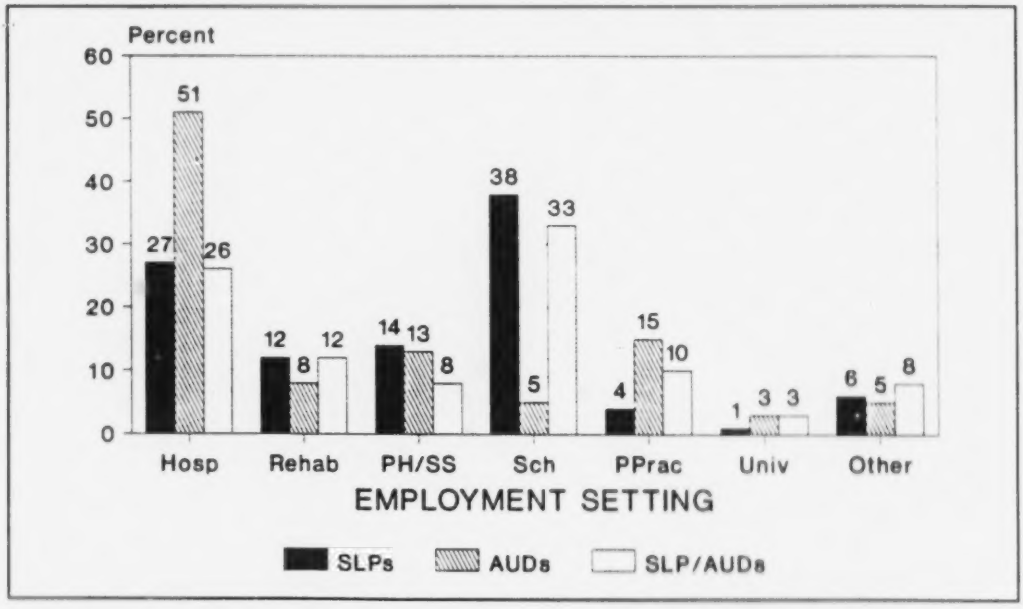

Figure 15. Primary work settings of speech-language pathologists, audiologists and speech-language pathologist/audiologists.

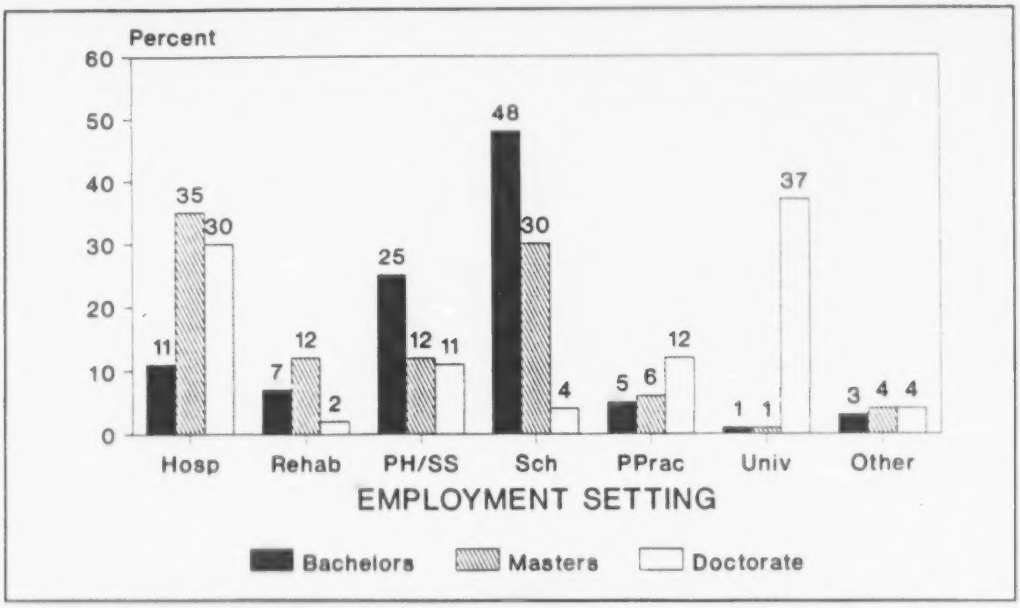

Figure 16. Work setting of speech-language pathologists, audiologists and speech-language pathologist/audiologists by degree attained.

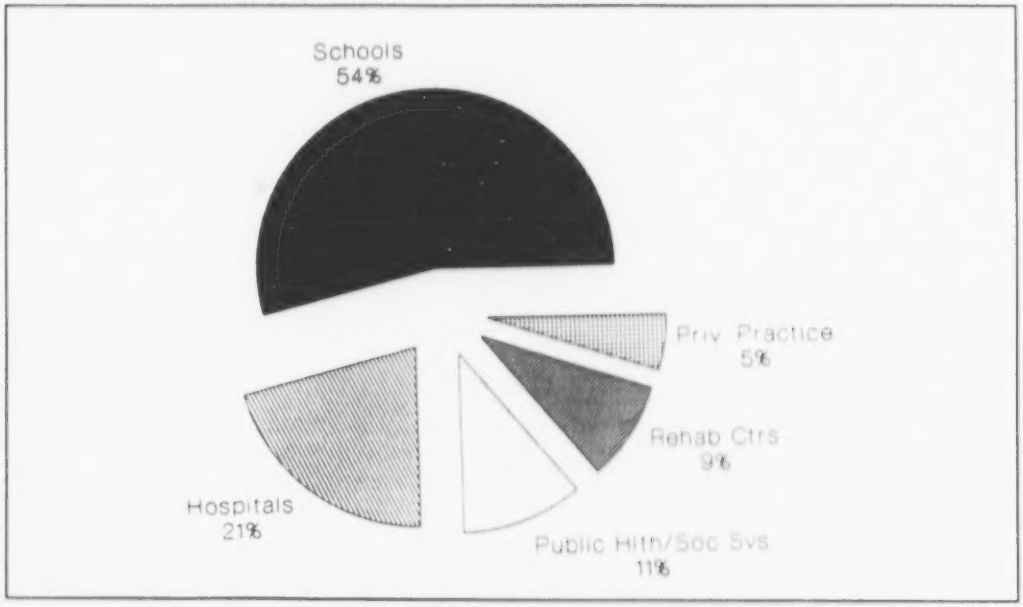

Figure 17. Primary work setting of speech-language pathologists serving the school-age population.

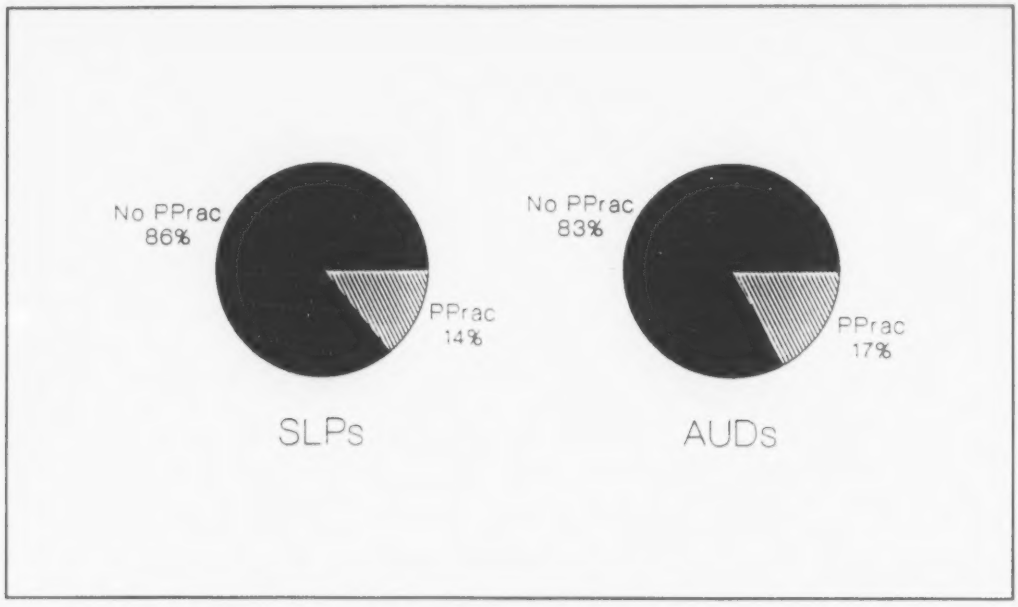

Figure 18. Private practice as secondary employment by speech-language pathologists and audiologists.

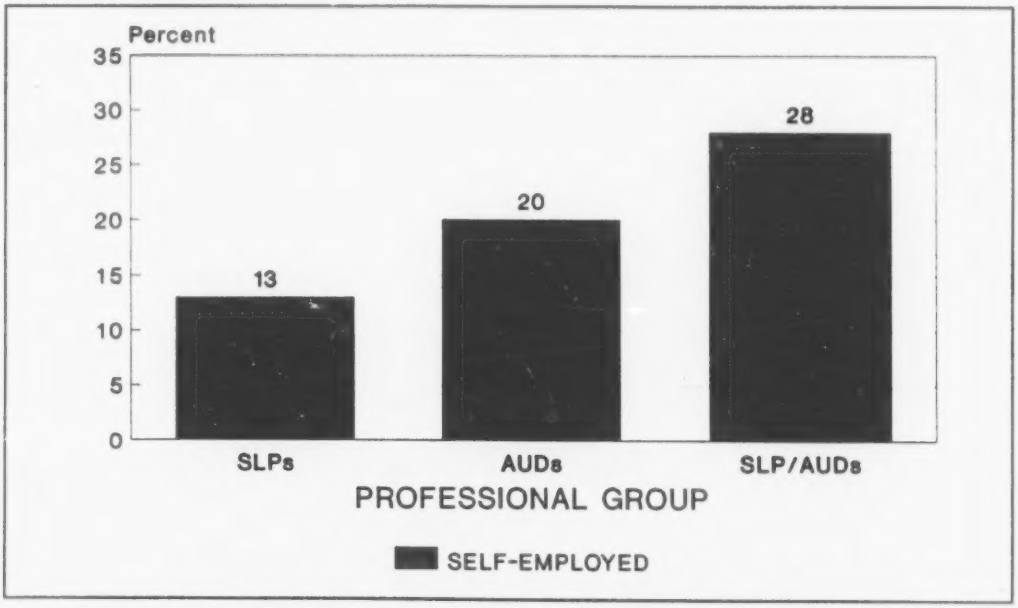

Figure 19. Self-employment of speech-language pathologists, audiologists and speech-language pathologist/audiologists.

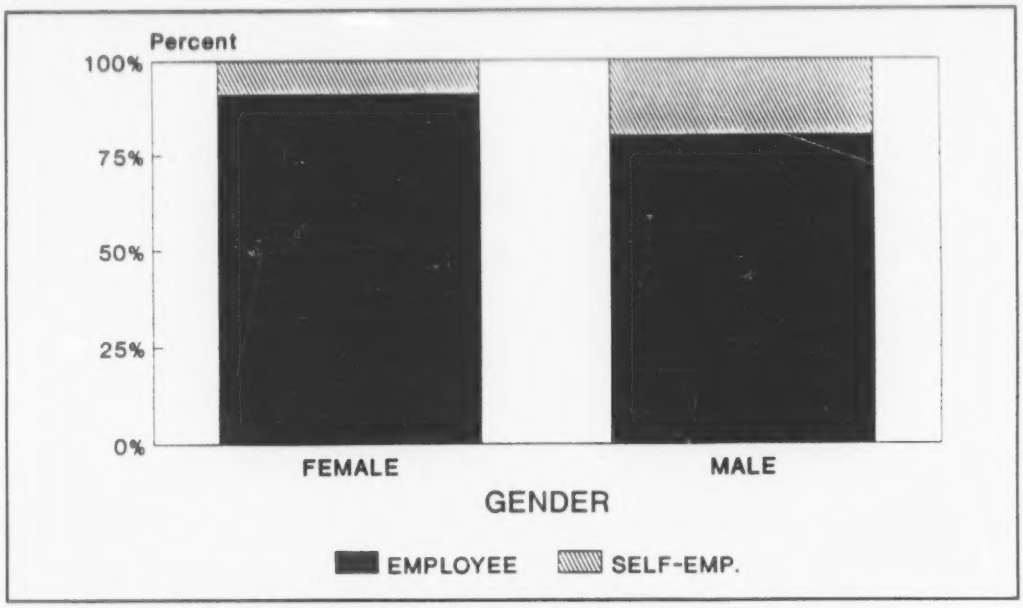

Figure 20. Self-employment of female and male speech-language pathologists, audiologists and speech-language pathologist/ audiologists.

3.1.4.3 Community Size

The majority of SLPs (45%) and AUDs (62%) are employed in large urban centres with populations over 250,000. Few (16%) are in communities with populations under 50,000. Fewer SLPs than AUDs are located outside of the major urban centres. **Figure 21** shows the size of community where SLPs and AUDs are employed.

As illustrated in **Figure 22**, SLPs and AUDs working for School Boards are quite evenly distributed (10 to 15%) in communities with populations up to 250,000. Likewise, those employed by Public Health and/or Community Social Services Departments are similarly distributed (11 to 16%) in these communities. Larger cities, with populations over 250,000, employ the remaining 37% in schools and 29% in Public Health and/or Community Social Services settings.

Nearly three quarters (74%) of those who work principally in private practice are based in cities over 100,000 and a substantial number (70%) of those in hospital settings are also in larger urban centres. The professionals working in more specialized settings (e.g., chronic care facilities and industry) are almost entirely (90%) in cities with populations of at least 100,000.

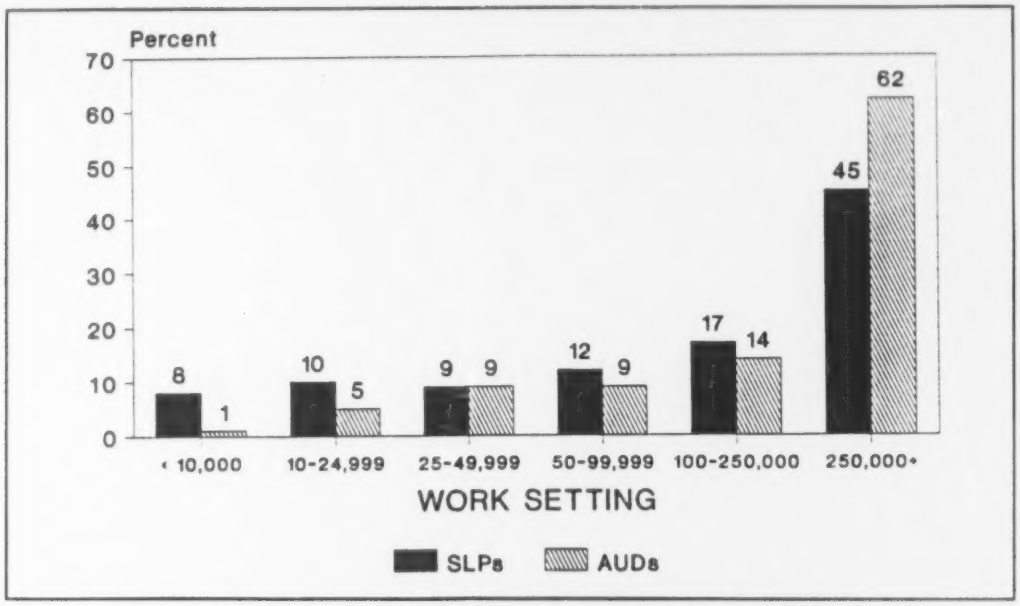

Figure 21. Size of community where speech-language pathologists and audiologists are employed.

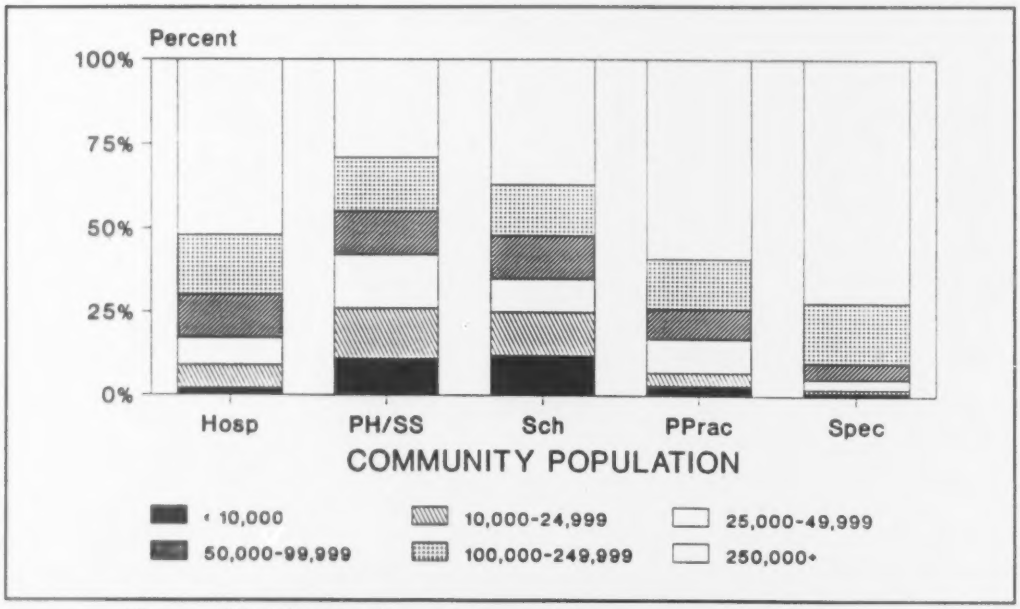

Figure 22. Distribution of speech-language pathologists, audiologists and speech-language pathologist/audiologists by employment setting and community size.

3.1.5 WORK HISTORY AND RESPONSIBILITIES

3.1.5.1 Employment Status

3.1.5.1.1 *Employment by Profession*

Figure 23 reveals that the majority (90%) of Canadian SLPs, AUDs and SLP/AUDs are employed. TABLE 18 shows that there is higher employment among these professionals in the East (93%) compared to the West (88%) and Central Canada (90%). Only a small percentage of those employed are seeking employment. This group (1.1% of SLPs, .8% of AUDs and 2.4% of SLP/AUDs) includes new graduates, those re-entering the workforce after a leave and those that have left a position.

3.1.5.1.2 *Employment by Age*

When employment by age of the professional was examined, the results revealed that employment is high (over 80%) for all ages until the traditional retirement age of 65 years. At that

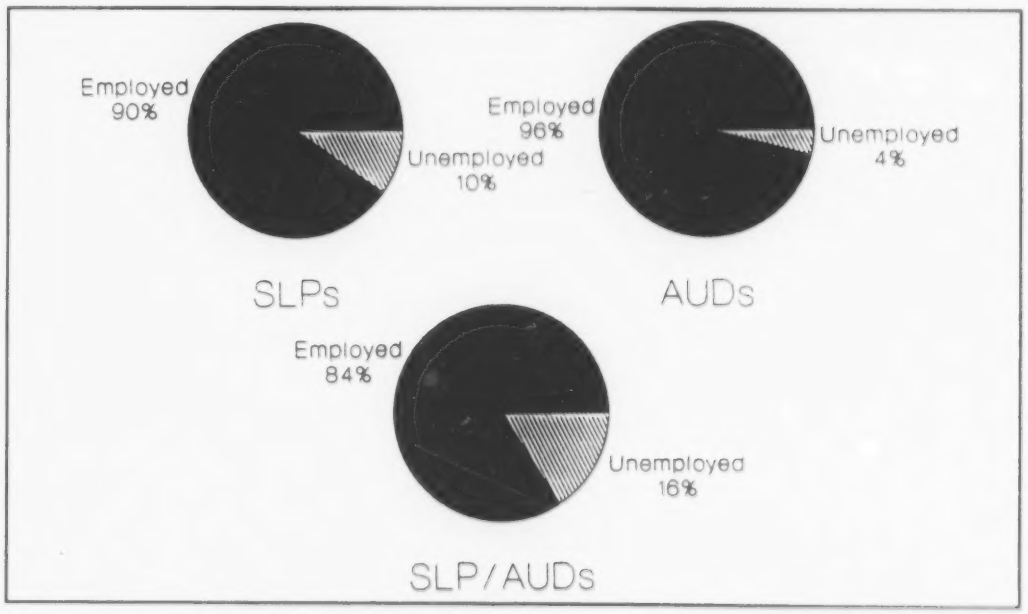

Figure 23. Employment status of speech-language pathologists, audiologists and speech-language pathologist/audiologists.

TABLE 18

EMPLOYMENT STATUS OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

LOCATION	EMPLOYED	UNEMPLOYED	
		Seeking Work	Not Seeking Work
WESTERN CANADA	**88%**	**2%**	**10%**
British Columbia	91%	2%	7%
Alberta	85%	<1%	14%
Saskatchewan	86%	3%	11%
Manitoba	91%	1%	8%
CENTRAL CANADA	**90%**	**1%**	**9%**
Ontario	88%	1%	11%
Quebec	95%	<1%	4%
EASTERN CANADA	**93%**	-	**7%**
New Brunswick	94%	-	6%
Nova Scotia	91%	-	9%
Prince Edward Island	100%	-	-
Newfoundland	95%	-	5%
CANADA	**89%**	**1%**	**10%**

age, employment figures drop sharply, although it should be noted that the sample size was very small (n = 12).

Employment is lower overall (89%) for SLPs and AUDs in their early child-bearing years (i.e., 20 to 39 years) than for those later in their career who are 40 to 64 years of age (93%). This information is portrayed in more detail in **Figure 24**.

3.1.5.1.3
Full Time and Part Time Patterns

Most SLPs and AUDs (78%) are working full-time in their field. **Figure 25** shows that this percentage is higher for AUDs (84%) than SLPs (77%). It appears that the distribution of those working part-time in speech-language pathology is approximately the same in Eastern, Central and Western Canada (22 to 23%). The distribution of part-time audiologists, in contrast, varies significantly from a low of 3% in the East to a high of 21% in the Central Canadian provinces. See **TABLE 19** for more information.

TABLE 20 shows the percentage of SLPs and AUDs from each province who are working part-time in various employment settings. The number of positions, however, is very small given that the majority of these professionals are working in full-time positions. Speech-language pathologists and audiologists in the western provinces, Ontario and Quebec have more options

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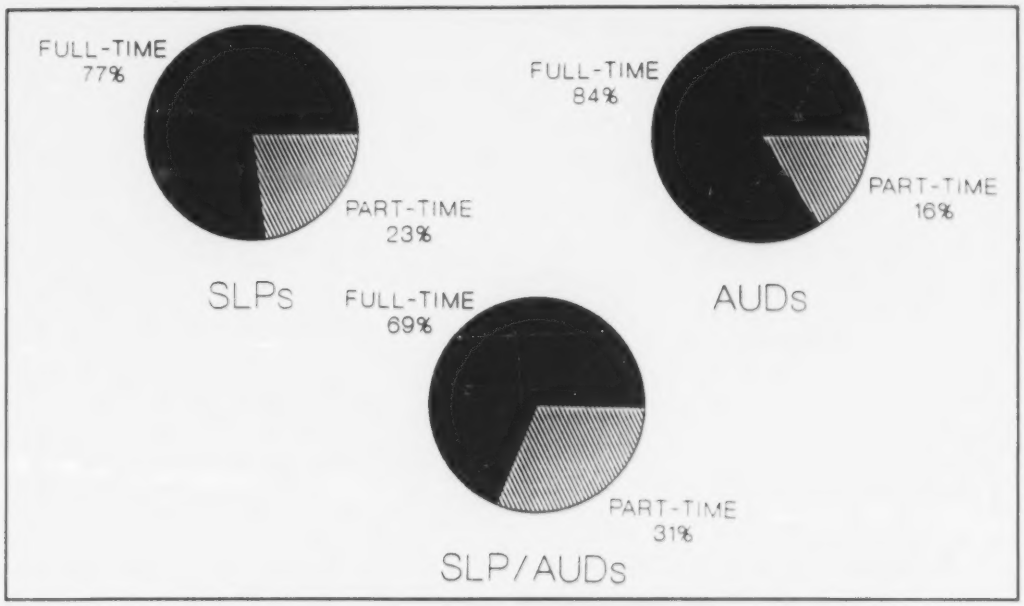

Figure 24. Employment status of speech-language pathologists, audiologists and speech-language pathologist/audiologists by age.

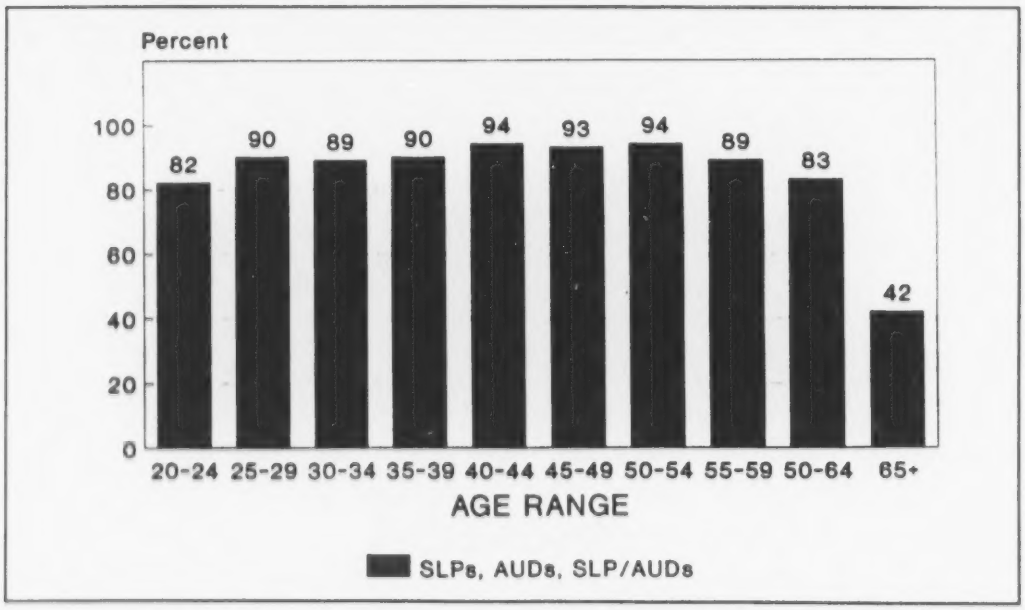

Figure 25. Full time and part time employment among speech-language pathologists, audiologists and speech-language pathologist/audiologists.

TABLE 19

DISTRIBUTION BY LOCATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS EMPLOYED PART-TIME

LOCATION	SLPs	AUDs
WESTERN CANADA	**23%**	**13%**
British Columbia	27%	11%
Alberta	25%	26%
Saskatchewan	24%	-
Manitoba	11%	-
CENTRAL CANADA	**23%**	**21%**
Ontario	18%	11%
Quebec	39%	39%
EASTERN CANADA	**22%**	**3%**
New Brunswick	18%	-
Nova Scotia	24%	5%
Prince Edward Island	28%	-
Newfoundland	-	-
NORTHERN CANADA	-	-
Yukon	-	-
Northwest Territories	-	-
CANADA	**23%**	**16%**

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TABLE 20

PART-TIME EMPLOYMENT OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY WORK SETTING

RESIDENCE	PART-TIME EMPLOYMENT	WORK SETTING				
		Hosp.	Sch.	PH/SS	PrPrac	Other
WESTERN CANADA						
British Columbia	Regular	25%	42%	11%	9%	13%
	Temporary	25%	25%	19%	13%	28%
Alberta	Regular	16%	47%	16%	5%	16%
	Temporary	-	22%	11%	33%	34%
Saskatchewan	Regular	15%	39%	23%	-	23%
	Temporary	-	50%	-	50%	-
Manitoba	Regular	-	-	100%	-	-
	Temporary	-	-	40%	-	-
CENTRAL CANADA						
Ontario	Regular	39%	20%	14%	12%	15%
	Temporary	8%	25%	25%	25%	17%
Quebec	Regular	44%	28%	-	9%	19%
	Temporary	36%	23%	5%	5%	31%
EASTERN CANADA						
New Brunswick	Regular	56%	33%	-	-	11%
	Temporary	-	-	-	-	-
Nova Scotia	Regular	19%	50%	13%	6%	12%
	Temporary	-	75%	-	25%	-
Prince Edward Island	Regular	-	-	100%	-	-
	Temporary	-	-	-	-	-
Newfoundland	Regular	-	-	-	-	-
	Temporary	-	-	-	-	-
NORTHERN CANADA						
Yukon	Regular	-	-	-	-	-
	Temporary	-	-	-	-	-
Northwest Territories	Regular	-	-	-	-	-
	Temporary	-	-	-	-	-
TOTAL	**Regular**	**33%**	**32%**	**11%**		
	Temporary	**18%**	**28%**	**13%**	**16%**	**25%**

in part-time positions than their colleagues in the Atlantic provinces. Most of the regular part-time positions are with hospitals (33%) and School Boards (32%), while temporary part-time positions are most common in schools (28%), followed by hospitals (19%) and private practice (16%).

3.1.5.1.4
Private Practice

It was noted previously in Section 3.1.4.2 that 14% of speech-language pathologists and 17% of audiologists engage in private practice as secondary employment. The mean number of hours that each group gives to private practice varies. The majority of the SLPs who engage in private practice as secondary employment (64%) provide between 1 to 5 hours per week of service. In contrast, over half (52%) of the audiologists who engage in private practice as secondary employment offer over 16 hours per week of service. For the SLP/AUDs, 1 to 5 hours was also the most typical amount of service offered (45%). This information is outlined in **Figure 26**.

Figure 27 reveals that SLPs and AUDs employed by universities (35%) were most likely to engage in private practice in addition to their principal

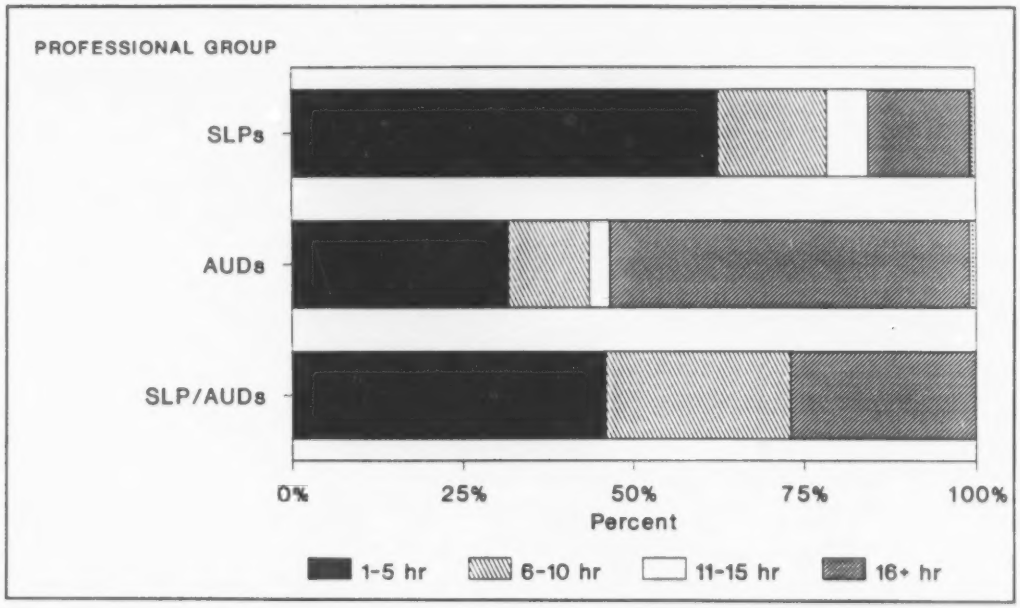

Figure 26. Number of hours per week of private practice as secondary employment among speech-language pathologists, audiologists and speech-language pathologist/audiologists.

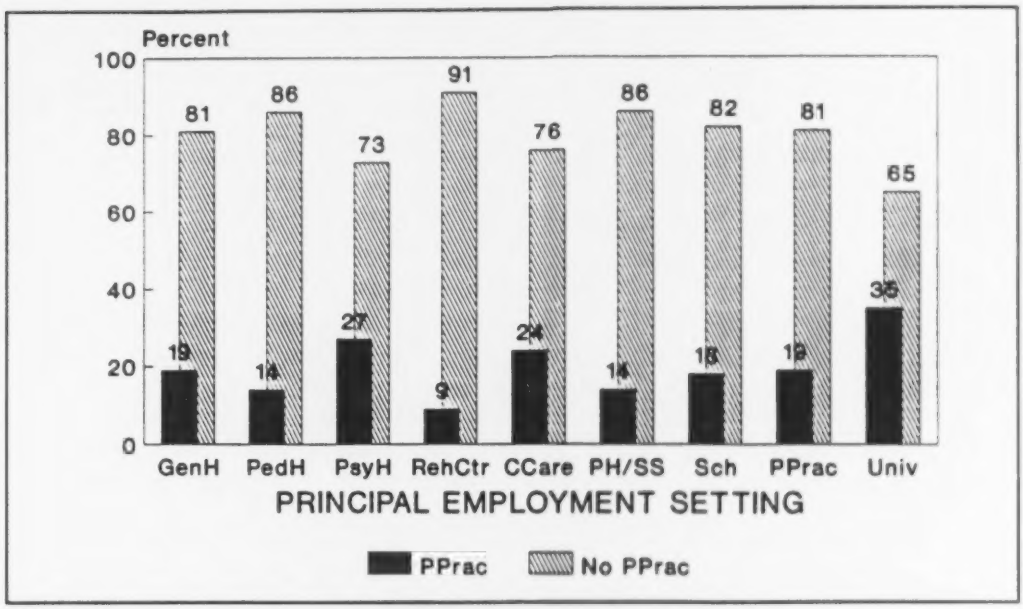

Figure 27. Principal employment setting of speech-language pathologists, audiologists and speech-language pathologist/audiologists engaging in private practice as secondary employment.

employment. Almost one fourth (24%) of those employed in chronic care facilities engage in this secondary employment. For those in hospital settings, 18% engaged in additional private practice (pediatric hospitals - 14%, general and teaching hospitals - 19% and psychiatric hospitals - 27%). Between 14 to 19% of those employed in schools, private practice, industry, Public Health or Community Social Services engage in additional private practice, while only 9% of those who listed (re)habilitation centres as their principal place of employment indicated that they engaged in private practice.

3.1.5.1.5
Primary Employment Responsibility

Figures 28 and 29 illustrate the primary employment responsibility of SLPs and AUDs respectively. As shown, clinical service is most frequent for both professions (83 to 89%), followed by administration (8 to 9%). Teaching, research and other functions account for about 3% of the SLPs' and 8% of the AUDs' job-related responsibilities. Those holding both degrees also engage most often in clinical service (80%), followed by administration (14%), teaching and supervision (4%), research (1%) and other tasks (1%).

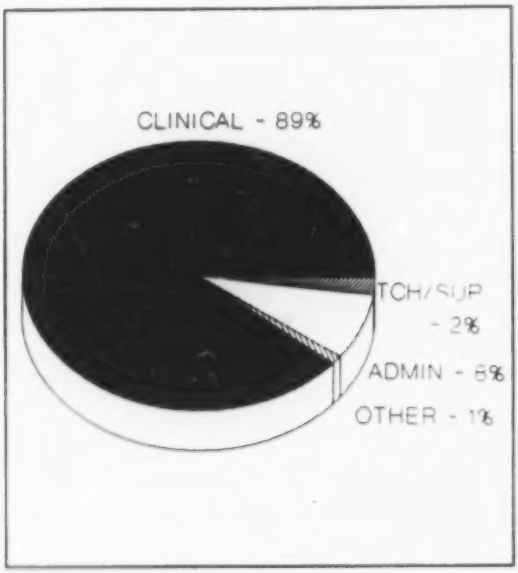

Figure 28. Primary employment responsibility of speech-language pathologists.

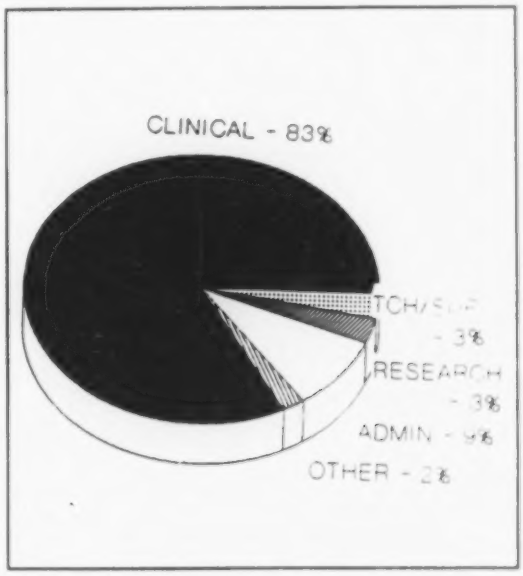

Figure 29. Primary employment responsibility of audiologists.

Clinical service was stated as the primary responsibility of 90% of females, while administration was noted in 9%. In contrast, only 76% of the AUDs had indicated that clinical service was their primary responsibility, while 17% had stated administrative tasks. Teaching and supervision, research and other tasks are low for both males and females, although differences between the two genders were noted. A higher percentage of the males (5%) than the females (2%) engage primarily in teaching and supervision and a very low percentage of the females (less than 1%) compared to the males (4%) are involved primarily in research. **Figure 30** outlines the contrast between the two genders.

Figure 31 shows that the most common employment responsibility (82 to 98%) for speech-language pathologists and audiologists is clinical service in all work settings except in universities and industry where teaching and supervision are more common at 53% and 29% respectively. (Teaching and supervision are the primary responsibility of less than 3% in the other settings named.) Research is less than 1% in all settings except universities where it is 25% and industry where it is 14%. School Boards and private practices have 2% of their SLPs and AUDs employed principally for administrative tasks, while 10 to 16% of SLPs and AUDs in other settings are responsible for mainly administrative functions.

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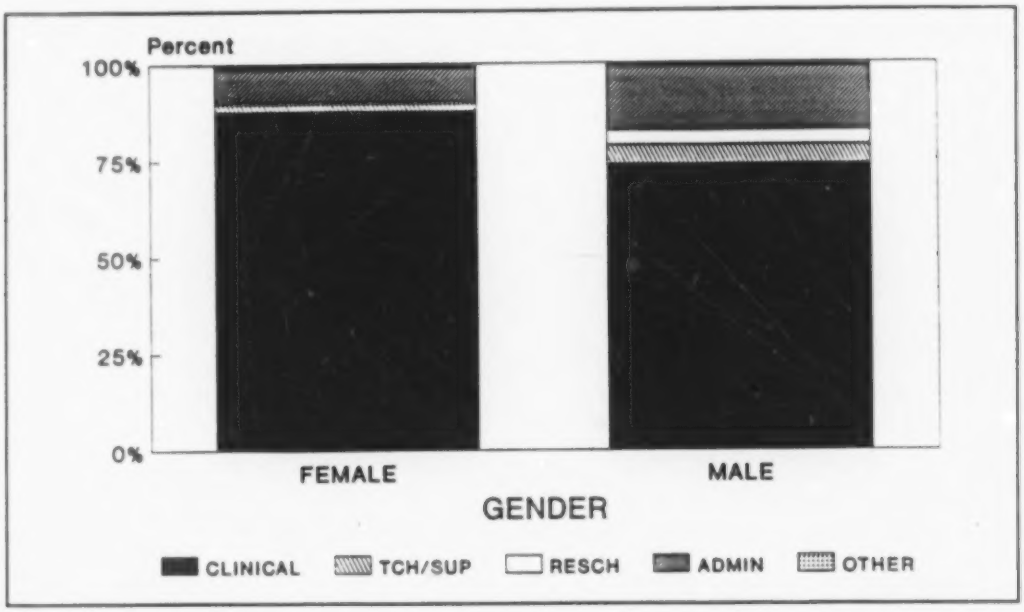


Figure 30. Primary employment responsibility of speech-language pathologists, audiologists and speech-language pathologist/audiologists by gender.

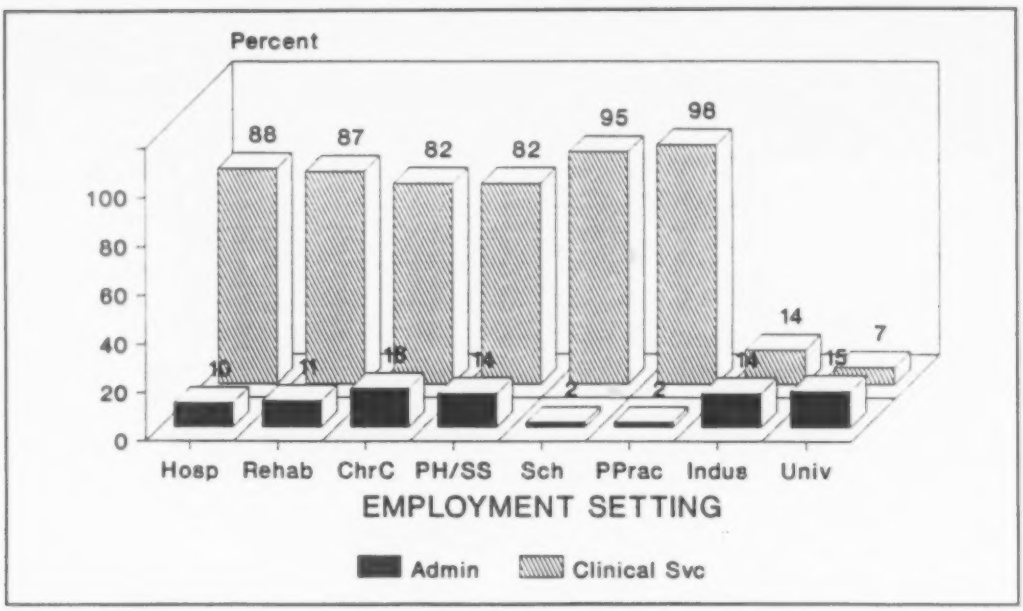


Figure 31. Clinical service and administration as primary employment responsibilities in various work settings.

Figures 32 and **33** illustrate the primary employment responsibilities of those employed in university and industrial settings respectively.

3.1.5.2 Work Experience

The percentage of the total group of speech-language pathologists, audiologists and speech-language pathologist/audiologists is shown in **Figure 34** in spans of 5 years with their various amounts of work experience. **Figure 35** compares the amount of work experience of each professional group. **TABLE 21** offers the mean, median and mode for each age range. As shown, the mean number of years of work experience for Canadian SLPs, AUDs and SLP/AUDs is 9.09 years, while the mode and median are both 8 years.

Comparison of the mean number of years of work experience for the three groups of professionals revealed the following:

SLPs	=	9.09 years
AUDs	=	8.87 years
SLP/AUDs	=	12.19 years

Figure 33. Primary employment responsibility of speech-language pathologists and audiologists employed in industry.

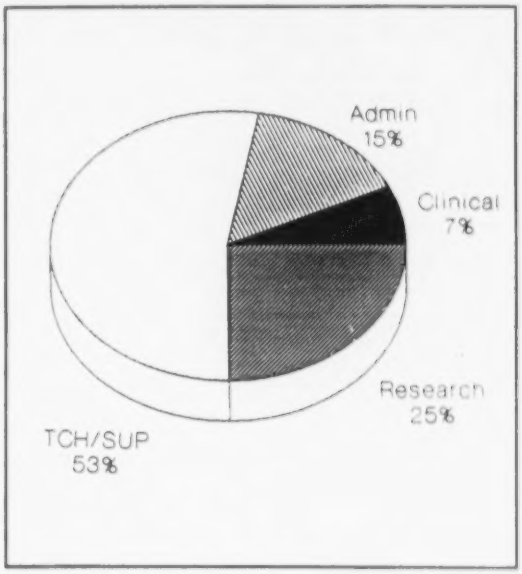
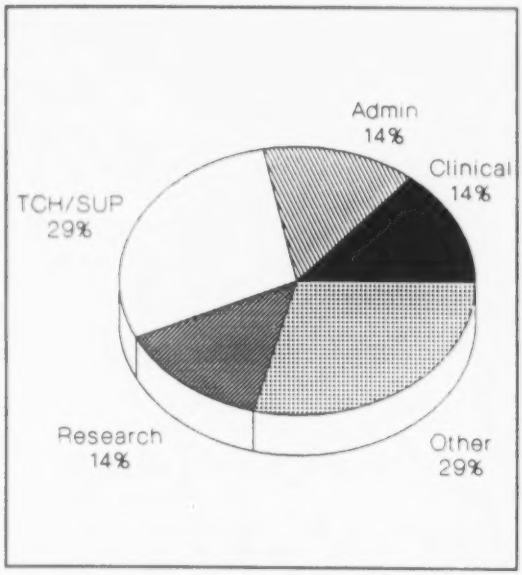


Figure 32. Primary employment responsibility of speech-language pathologists and audiologists employed at universities and colleges.



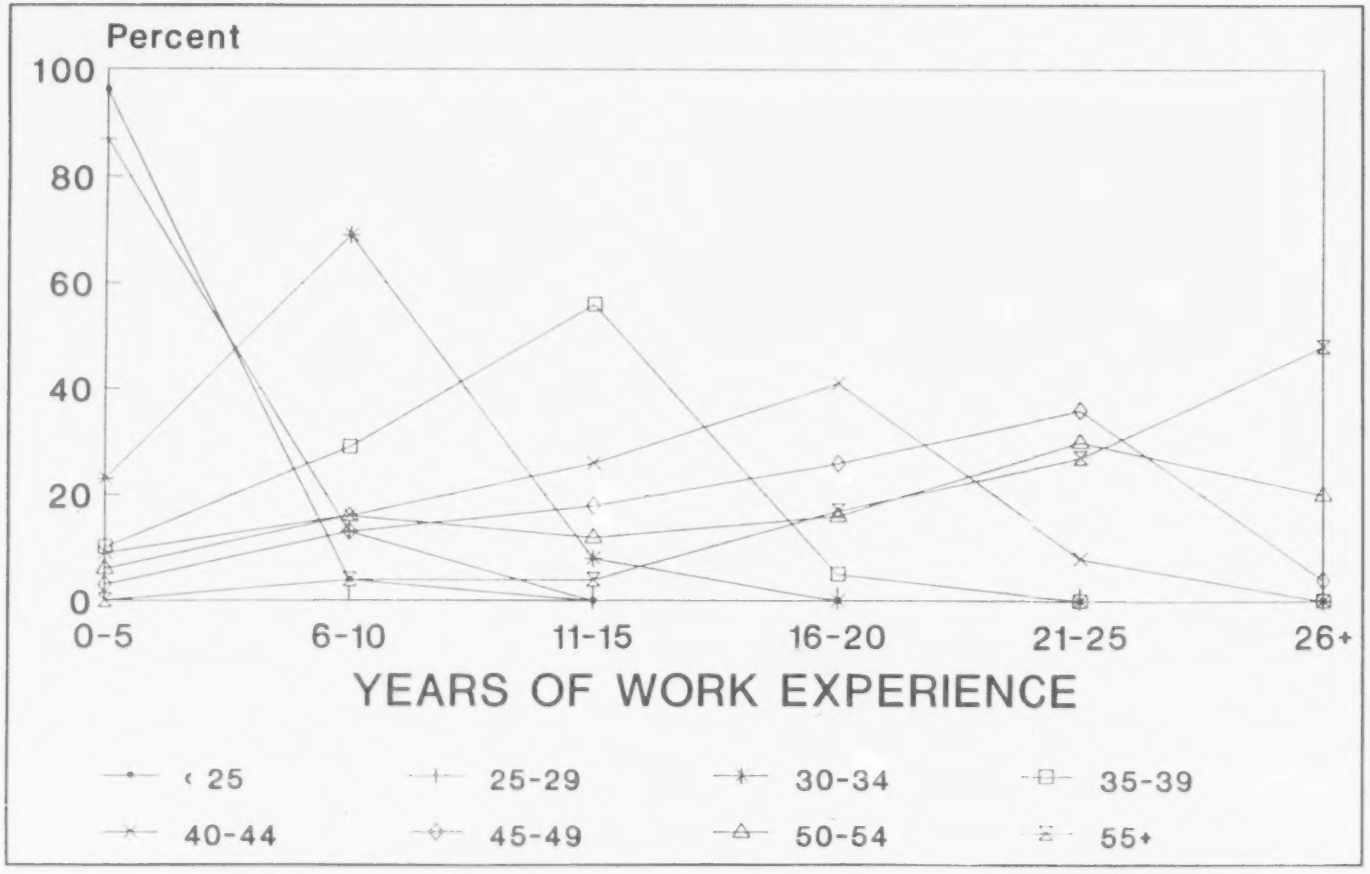


Figure 34. Years of work experience by age of speech-language pathologists, audiologists and speech-language pathologist/audiologists.

Figure 35 illustrates the percentage of speech-language pathologists, audiologists and speech-language pathologist/audiologists by their years of work experience.

TABLE 21

YEARS OF WORK EXPERIENCE OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS BY AGE RANGE

AGE RANGE	MEAN	MEDIAN	MODE
20-24	1.80	1.5	1
25-29	3.57	3.0	3
30-34	7.09	7.0	8
35-39	10.86	12.0	12
40-44	13.85	15.0	16
45-49	18.00	19.0	23
50-54	18.92	20.0	25
55-59	26.00	25.0	25
60+	26.17	26.0	30
TOTAL	9.09	8.0	8

Figure 36 shows the percentage of SLPs, AUDs and SLP/AUDs as a group that engage in private practice in addition to their principal employment according to their number of years of work experience. Those with up to 5 years of work experience are the least likely to engage in additional private practice (11%). As illustrated, the figure rises until 20 years of work experience and than the percentage decreases.

Approximately 16% of those with 6 to 10 years of work experience engage in additional private practice while 20% of those with 11 to 15 years and 24% of those with 16 to 20 years also engage in private practice. For those with 21 or more years, this figure drops to 21%, although private practice as secondary employment is still prevalent with those who have 21 to 25 years of work experience. For those with 25 years, it again drops to 15%.

The mean number of years of work experience for those that engage in private practice as secondary employment (10.29 years) is higher than the mean number of years of work experience of the professionals (9.09 years), as outlined in **TABLE 21**. The median and mode for those that engage in private practice are 9 and 5 years respectively.

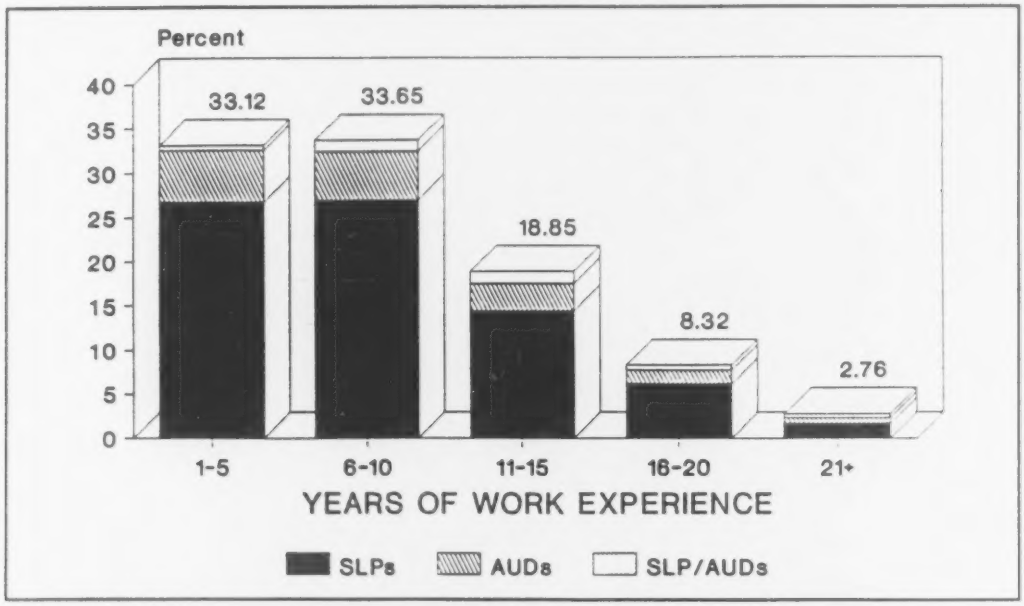


Figure 35. Years of work experience of speech-language pathologists audiologists and speech-language pathologist/audiologists.

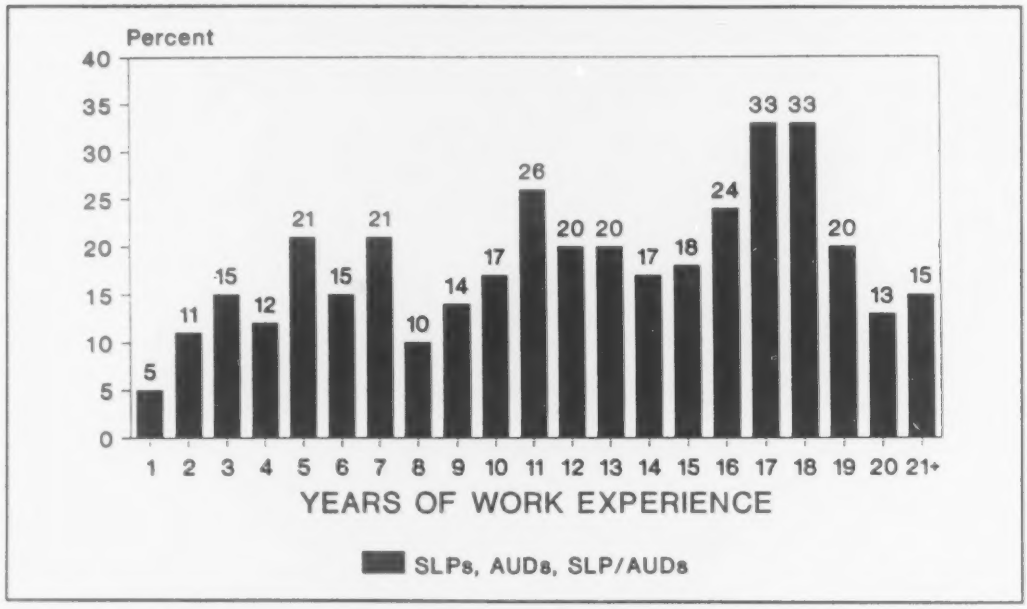


Figure 36. Percentage of speech-language pathologists, audiologists and speech-language pathologist/audiologists engaging in private practice as secondary employment by years of work experience.

3.1.5.3 Leaves

About 24% of SLPs, AUDs and SLP/AUDs have taken a leave of absence from their profession of at least 12 months. A higher percentage of both SLP/AUDs (28%) and SLPs (26%) than AUDs (12%) have taken a leave, as illustrated in **Figure 37** below.

A difference according to gender is shown in **Figure 38**. About 25% of the female professionals have taken a leave of at least one year from their profession, while only about 13% of the males have taken a leave.

Figure 39 reveals that the highest percentage of SLPs on a leave of absence reported they were on a maternity leave (57%) followed by "other" leave (29%), which often refers to a temporary leave to raise children. Those that were classified as "students" comprised the final 14% of SLPs on a leave. This group included individuals that had already completed an undergraduate or graduate degree in the field of speech-language pathology and/or audiology and were continuing their studies at the graduate or post-graduate level. For the AUDs on a leave, a non-specified leave was the most common at 48%, followed by maternity leave (28%) and educational leave (24%).

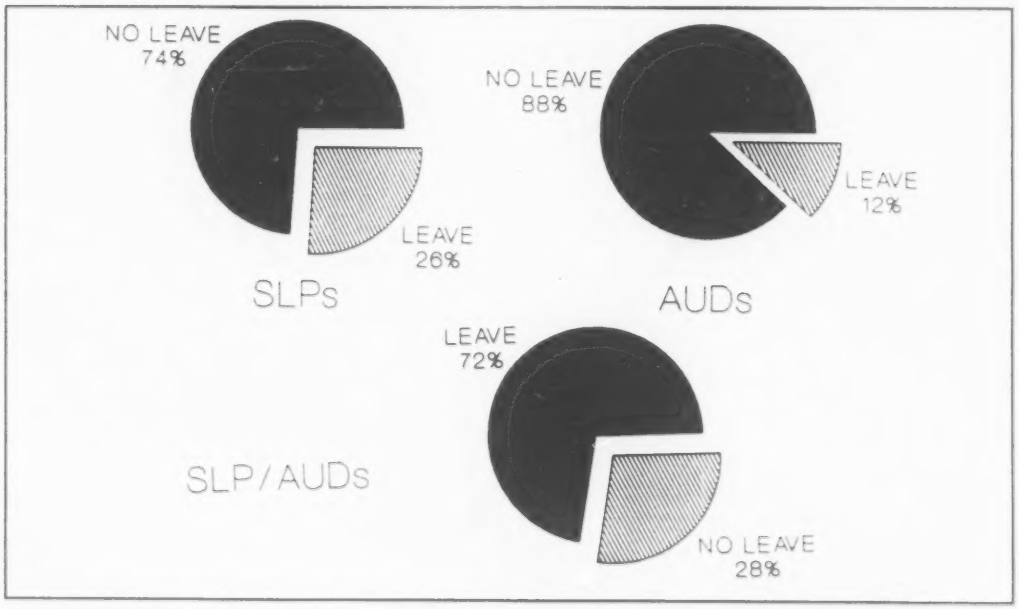


Figure 37. Leaves of 12 months or more among speech-language pathologists, audiologists and speech-language pathologist/audiologists.

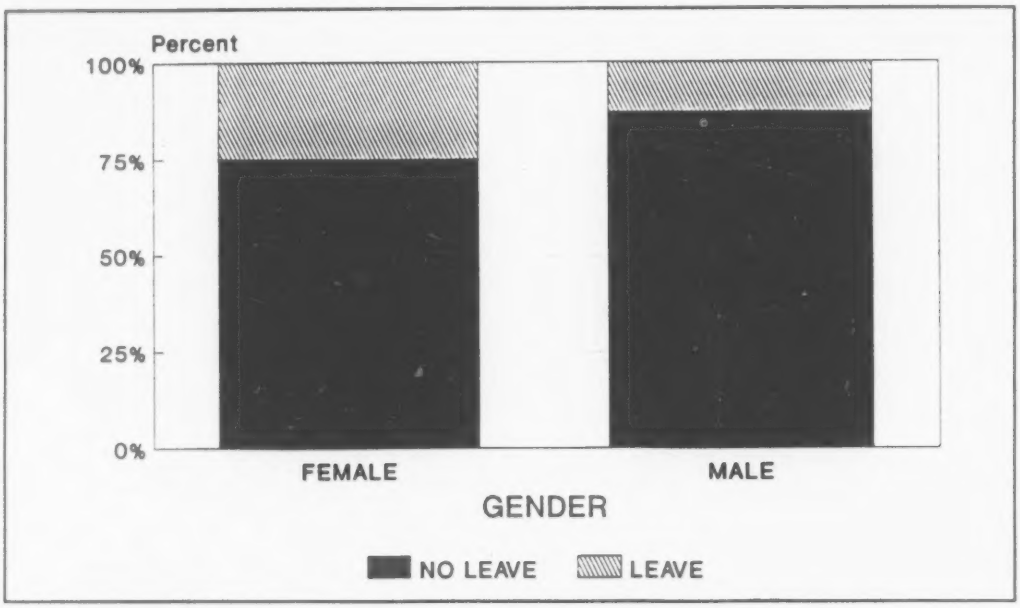


Figure 38. Leaves of 12 months or more among speech-language pathologists, audiologists and speech-language pathologists/ audiologists by gender.

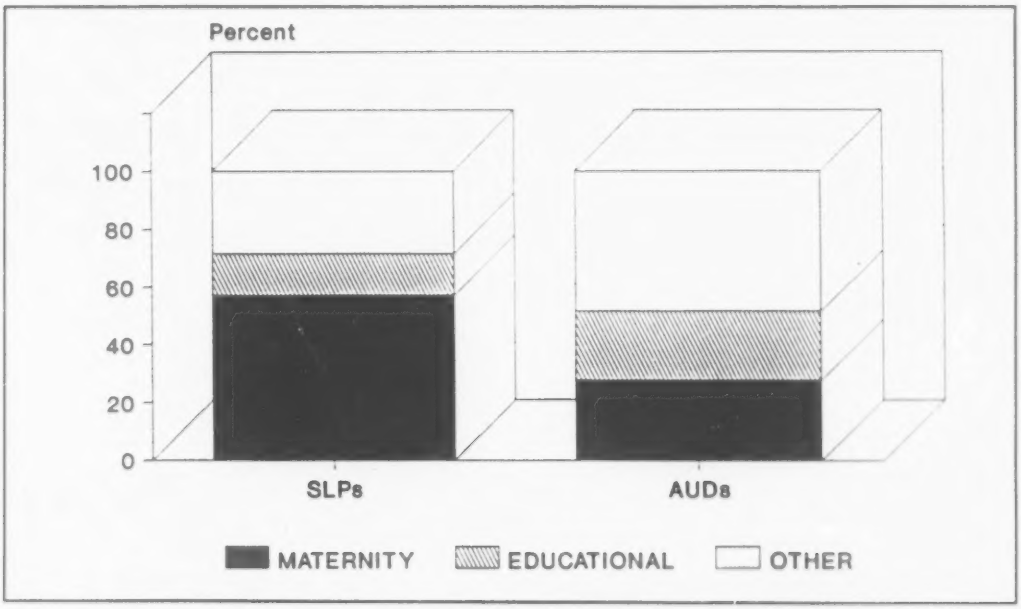


Figure 39. Types of temporary leaves among speech-language pathologists and audiologists by profession.

About 9% of the SLPs and AUDs had taken a leave prior to 30 years of age. The figure rises steadily to 42% for those at the end of the childbearing years, as shown in **Figure 40**, and then starts to decline to 25% for those over 60 years of age.

Figure 41 summarizes information on the type of leave by the age of the SLP. The majority (58%) of SLPs on maternity leave are 30 to 34 years old and most (81%) of those on educational leave are under 35 years of age. Comparable data for the audiologists is presented in **Figure 42**. No SLP/AUDs were on educational leaves and 50% of those on a leave were over 40 years of age, compared to 9% for the SLPs and 14% for the AUDs.

TABLE 22 outlines the percentage of SLPs and AUDs who are on temporary or permanent leaves. Overall, non-specified leaves were the most common (42%), followed by maternity leaves (30%), educational leaves (22%) and retirement (7%). Although the percentages vary considerably among provinces, all provinces, with the exception of Quebec, have the highest percentage on "other" leaves. (Quebec has the highest percentage on maternity leaves.) A higher percentage of retired professionals was noted in the midwestern provinces of Manitoba and Saskatchewan compared to Eastern and Central Canada. Educational leaves were highest in Ontario; no educational leaves were noted in Quebec or Eastern Canada.

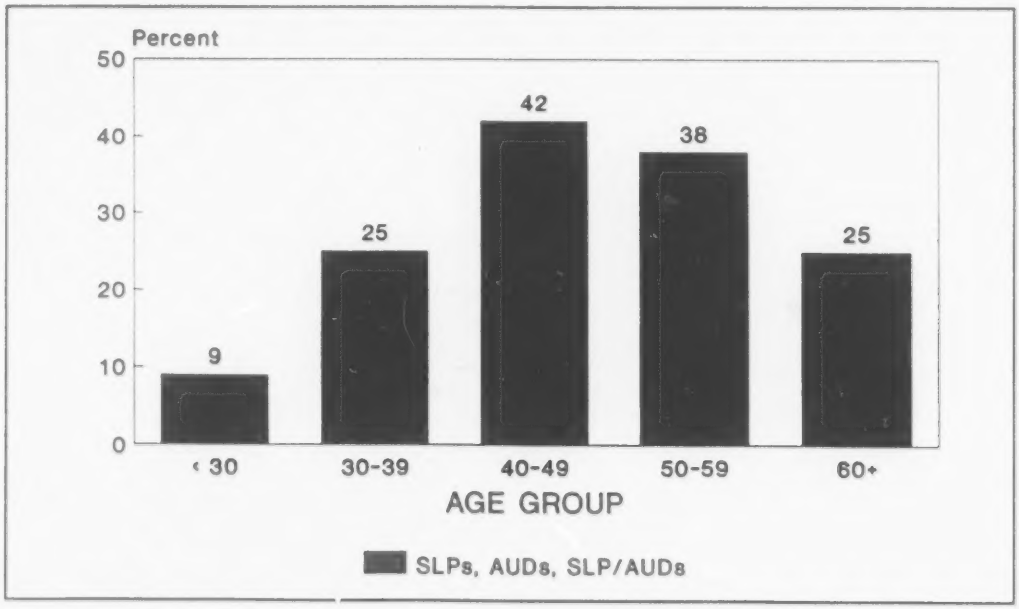


Figure 40. Leaves of 12 months or more by age of speech-language pathologists, audiologists and speech-language pathologist/audiologists.

59

TABLE 22

LEAVES OF SPEECH-LANGUAGE PATHOLOGISTS, AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGIST/AUDIOLOGISTS BY LOCATION

LOCATION	TEMPORARY LEAVES			RETIRED
	STUDENT	MATERNITY	OTHER	
WESTERN CANADA				
British Columbia	14%	36%	45%	5%
Alberta	11%	34%	45%	8%
Saskatchewan	12%	12%	50%	25%
Manitoba	11%	11%	44%	33%
CENTRAL CANADA				
Ontario	37%	23%	39%	1%
Quebec	-	80%	20%	-
EASTERN CANADA				
New Brunswick	-	--	--	--
Nova Scotia	-	14%	71%	14%
Prince Edward Island	-	--	-	-
Newfoundland	-	--	-	-
NORTHERN CANADA				
Yukon	-	--	-	-
Northwest Territories	-	-	-	-
TOTAL	**22%**	**30%**	**42%**	**7%**

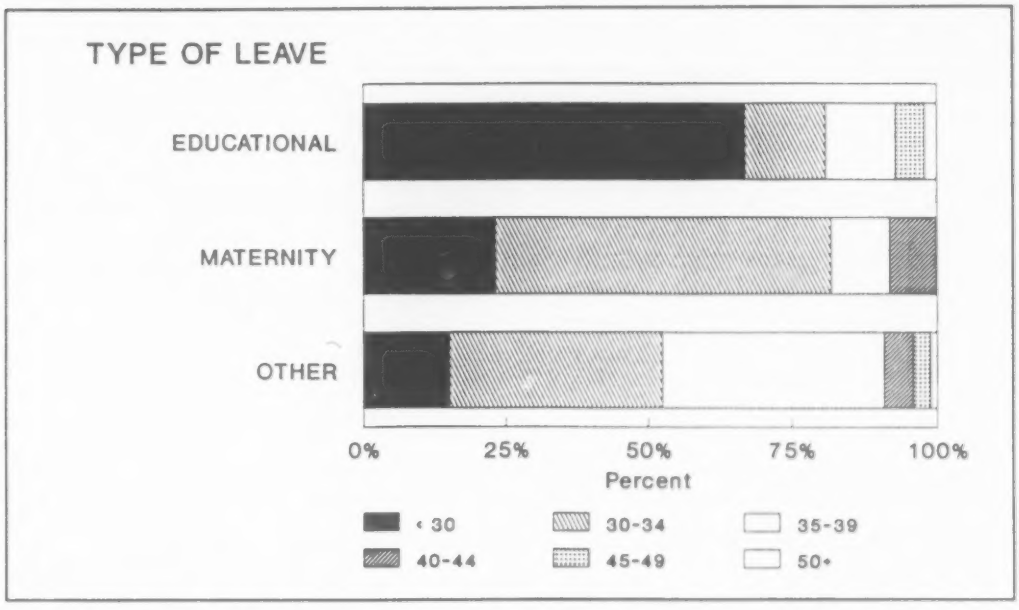


Figure 41. Type of leave by age of speech-language pathologist.

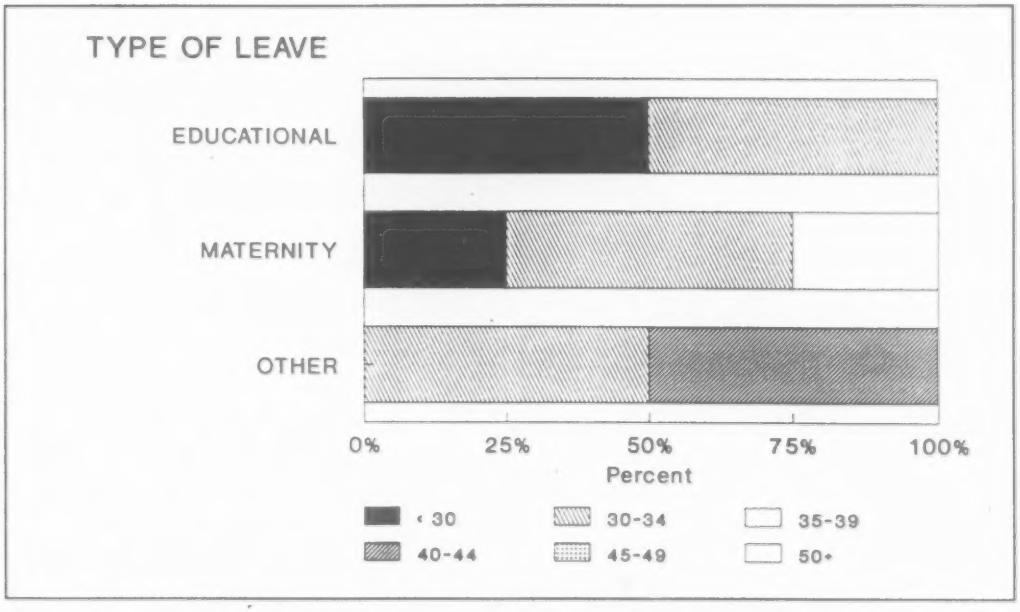


Figure 42. Type of leave by age of audiologist.

3.1.5.4 Caseload Distribution of Clinical Service Providers

Figure 43 reveals that the caseload of most SLPs who are primarily clinical service providers includes persons presenting with a variety of disorders. More than three fourths serve those with disorders of articulation or phonology (87%) or child language (86%). Over half treat those with fluency disorders (68%), voice disorders (65%) or augmentative communication needs (54%). Between 24 to 47% serve clients with swallowing disorders or neurogenic disorders, while few serve clients with needs in aural (re)habilitation (12%) or other areas (2%).

In contrast, nearly all AUDs (98%) provide diagnostic audiology services and 71% work in the area of aural rehabilitation. Less than 50% of AUDs conduct specialized audiological testing and 2% work with those with augmentative communication needs. These findings are presented in **Figure 44**.

Speech-language pathologist/audiologists, as shown in **Figure 45**, also work with clients with various disorders. Child language and articulation/ phonological disorders were most common at 66% and 64% followed by 36 to 46% for fluency, voice, neurogenic disorders and aural (re)habilitation needs. Those with swallowing disorders were seen by 29%, while less than one third provided audiological testing.

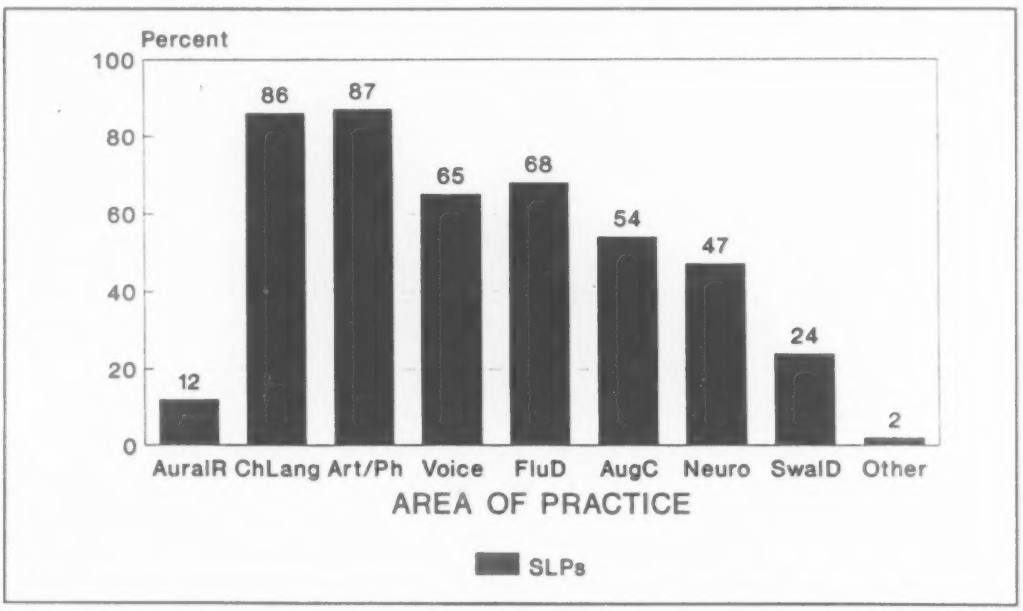


Figure 43. Areas of practice of speech-language pathologists.

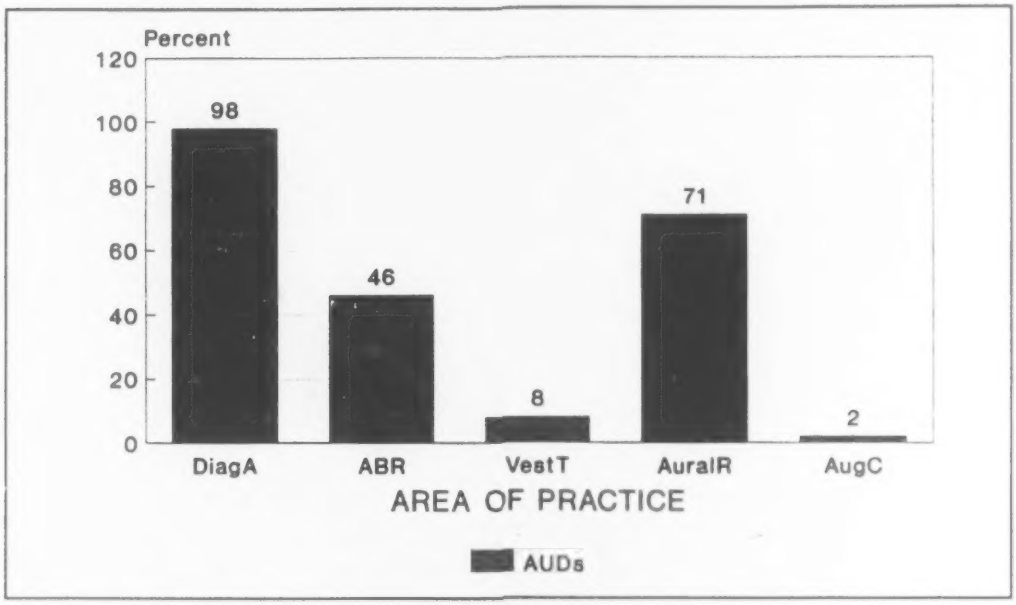


Figure 44. Areas of practice of audiologists.

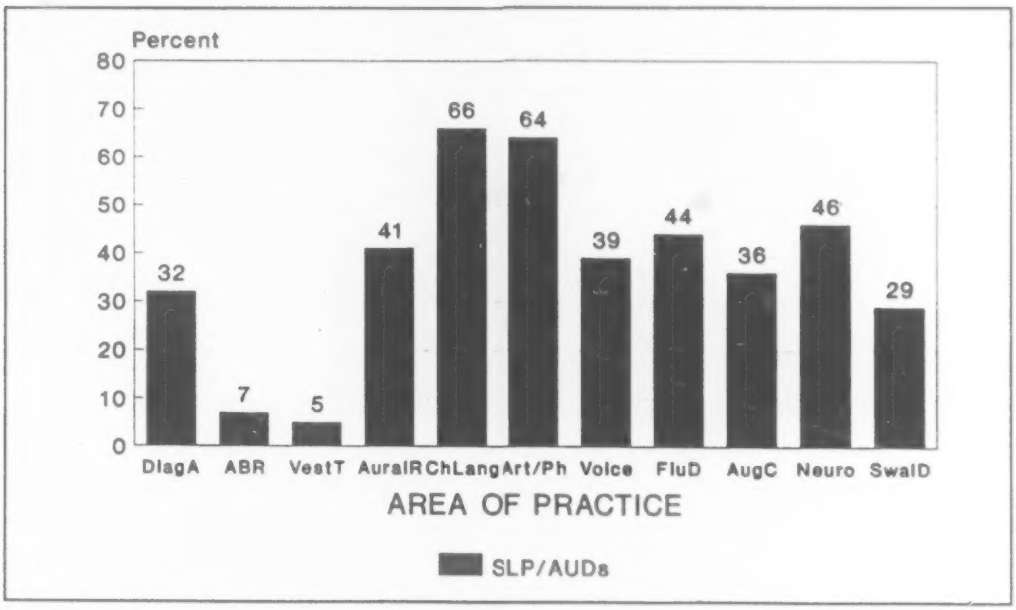


Figure 45. Areas of practice of speech-language pathologist/audiologists.

Figure 46 shows that the primary area of practice of SLPs is child language (61%), followed by neurogenic disorders (16%) and articulation/phonology (15%). Those working primarily in other areas (e.g., augmentative communication, fluency disorders, voice disorders, swallowing disorders, aural (re)habilitation, etc.) account for only 8% of the SLPs.

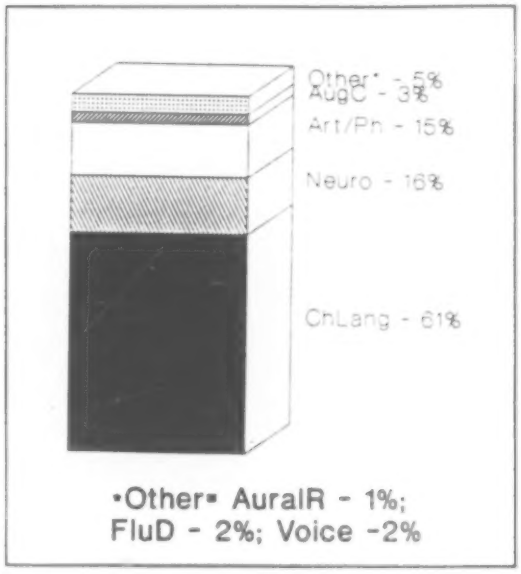


Figure 46. Primary area of practice of speech-language pathologists.

For audiologists, diagnostic audiology is the primary area of practice (86%), followed by aural (re)habilitation (11%). Those working primarily with evoked response audiometry or in other areas account for only 3% of the audiologists. Figure 47 illustrates this.

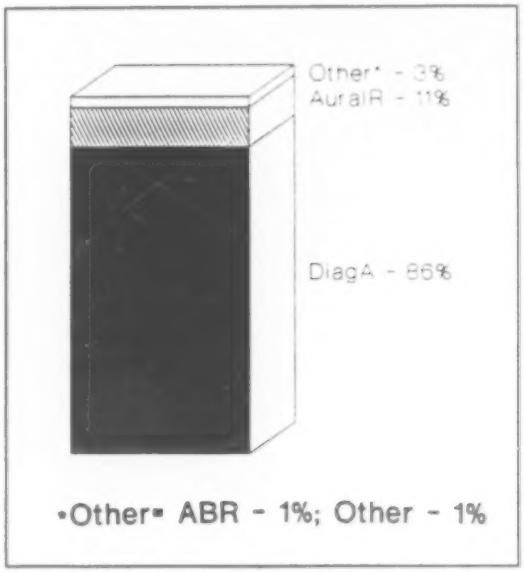


Figure 47. Primary area of practice of audiologists.

The most common primary area of practice of those who hold degrees in both speech-language pathology and audiology is child language disorders (39%), although another 20% work primarily in the field of audiology, with diagnostic audiology as their primary area of practice. Neurogenic disorders and aural (re)habilitation are at 17% and 12% respectively. All other disorders are 5% or less and account for 12% of the primary area of practice of SLP/AUDs. This information is illustrated in Figure 48.

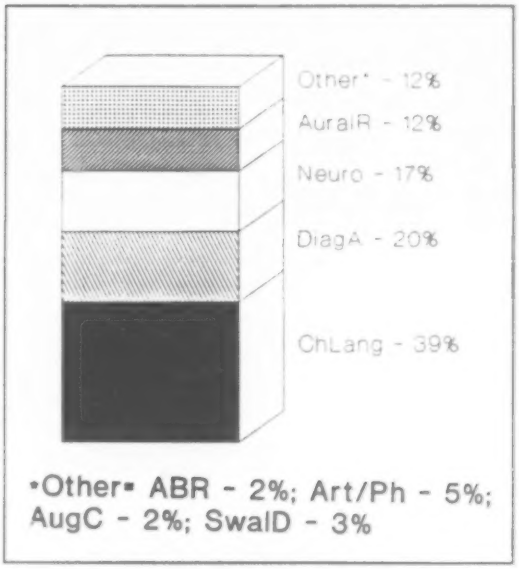


Figure 48. Primary area of practice of speech-language pathologists/audiologists.

Figure 49 reveals that child language is the primary area of practice for speech-language pathologists employed in general or teaching hospitals (41%), pediatric hospitals (64%), psychiatric hospitals (73%), Public Health and/or Community Social Services settings (64%), schools (79%) and private practice (53%). Neurogenic disorders are the primary area of practice for SLPs employed in chronic care facilities (79%) and (re)habilitation centres (42%).

Figure 50 shows that the primary area of practice for AUDs is diagnostic audiology in all work settings. A minimum of 90% of AUDs stated diagnostic audiology as their primary area of practice

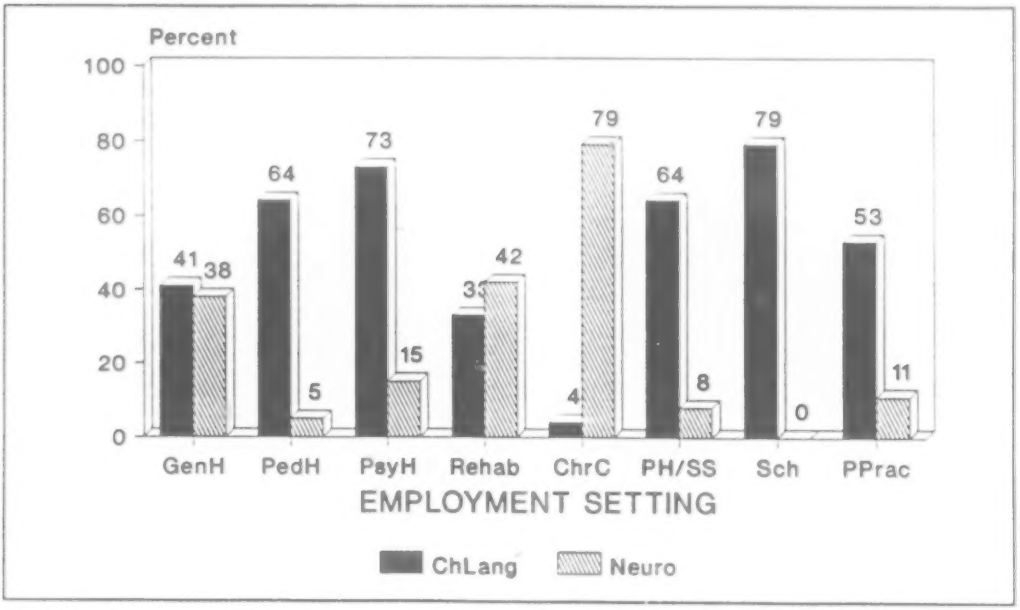


Figure 49. Primary area of practice of speech-language pathologists in various work settings.

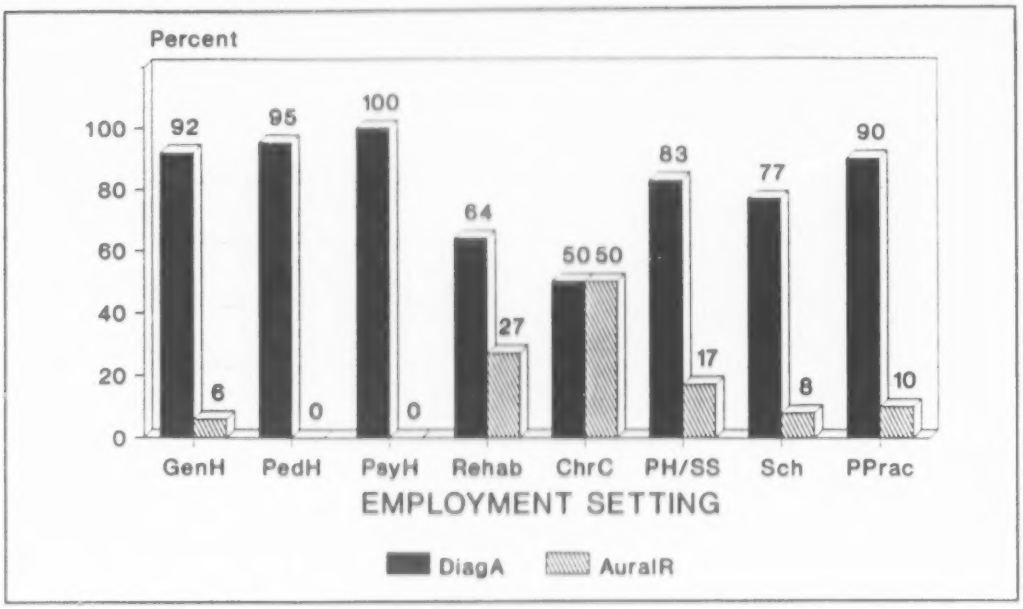


Figure 50. Primary area of practice of audiologists in various work settings.

in general or teaching hospitals, pediatric hospitals, psychiatric hospitals and private practice. Over 75% of AUDs working in school and Public Health and/or Community Social Services settings and over 50% of those in chronic care facilities and (re)habilitation centres engage primarily in diagnostic audiology.

The primary area of practice for speech-language pathologist/audiologists varies by work setting as outlined in **Figure 51**. Diagnostic audiology is most common in hospital settings (46% in general or teaching hospitals and 100% in pediatric hospitals), while child language is more common for those employed in private practice (38%) or by School Boards (77%). The primary area of practice for SLP/ AUDs in chronic care facilities and (re)habilitation centres is neurogenic disorders (67% and 57% respectively). The primary area of practice for SLP/AUDs in Public Health and/or Community Social Services facilities is equally divided among diagnostic audiology (25%), child language disorders (25%), articulation and phonological disorders (25%) and neurogenic disorders (25%).

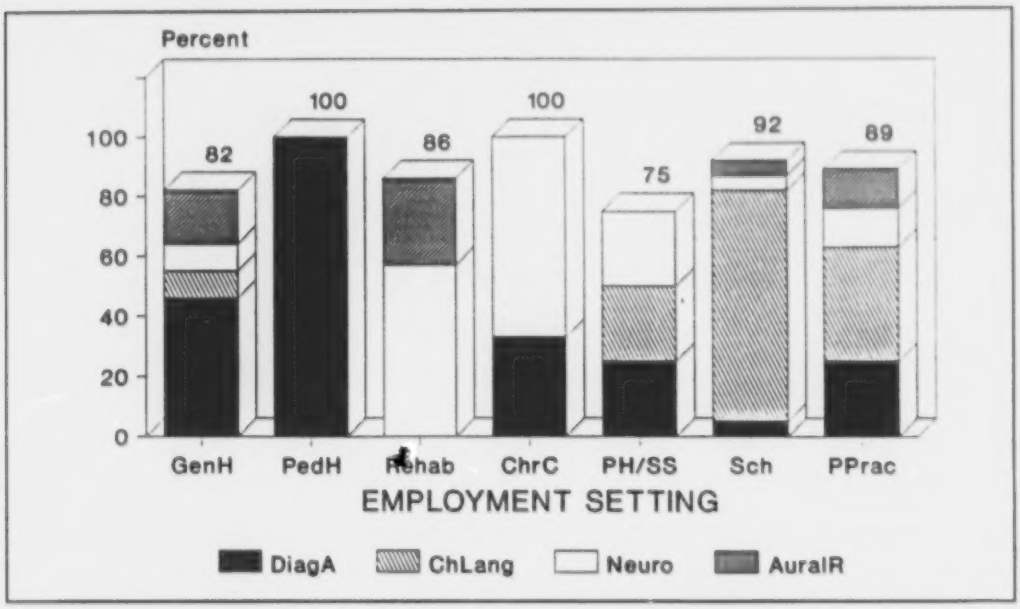


Figure 51. Primary area of practice of speech-language pathologist/ audiologists in various work settings.

3.1.5.5
Age Distribution of Caseload

The age distribution of clinical caseloads varies by profession, as illustrated in **Figure 52.** The largest groups served by speech-language pathologists are the school-age and preschool populations, with 73% of SLPs indicating that they work with these groups. Only 42% of SLPs serve the adult population. In contrast, audiologists are quite evenly distributed across age groups with between 83 to 88% serving each of the various age group categories.

Further analysis of the data revealed variations in services across the country. Speech-language pathologists and audiologists tend to be more specialized by age group in Central and Western Canada, while a higher percentage of the professionals in Eastern Canada work with more than one age group. The age distibution of clinical caseloads by region of residence is outlined in **Figure 53** on the following page.

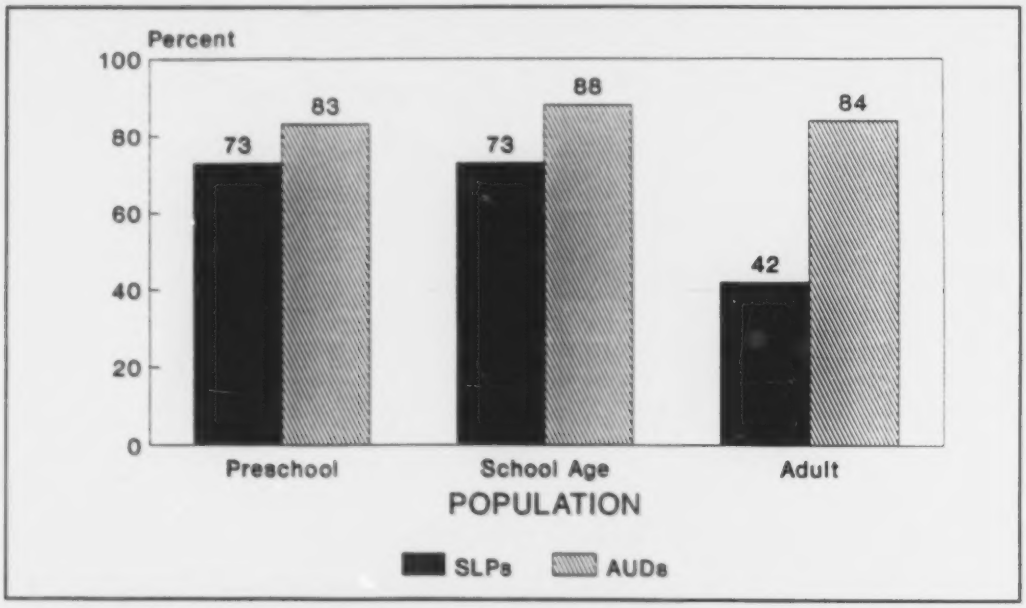


Figure 52. Age distribution of clinical caseloads of speech-language pathologists and audiologists.

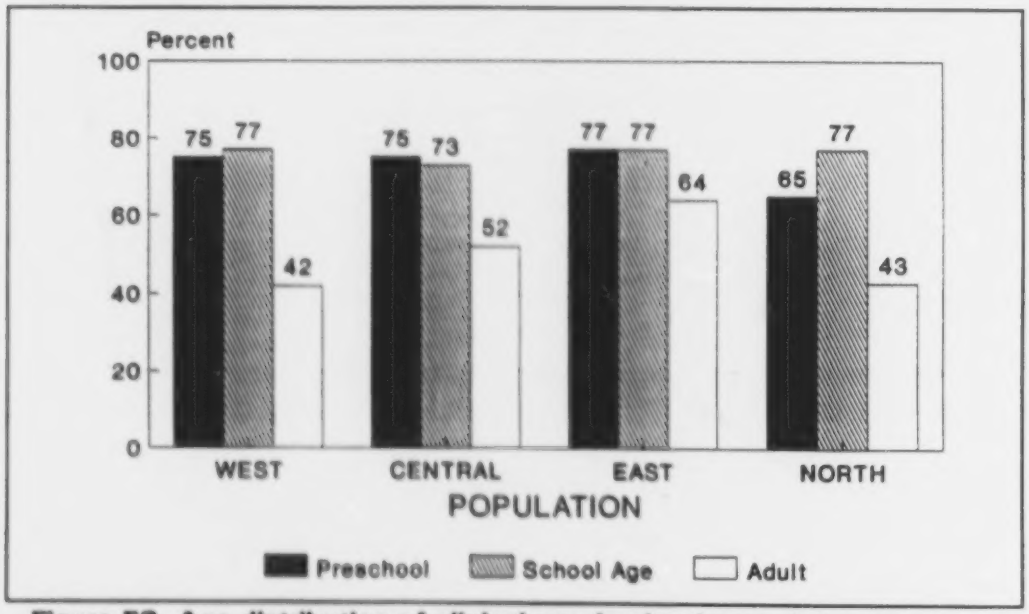


Figure 53. Age distribution of clinical caseloads of speech-language pathologists, audiologists and speech-language pathologist/audiologists by region of residence.

3.2 RESULTS

3.2 STUDY OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS 69

3.2.1 General Description 69

3.2.1.1 Response Rate 69
3.2.1.2 Respondent Group 69

3.2.2 General Profile 71

3.2.2.1 Major Field of Study 71
3.2.2.2 Gender 71
3.2.2.3 Age 73
3.2.2.4 Languages 74
3.2.2.5 Education 76

3.2.2.5.1 Current Degree Program 76
3.2.2.5.2 Undergraduate Education 76
3.2.2.5.3 Graduate Education 80
3.2.2.5.4 Country of Preference for Training 81
3.2.2.5.5 Application to Canadian Programs 83
3.2.2.5.6 Application to Multiple Programs 83
3.2.2.5.7 Repeated Applications 84

3.2.3 Membership Information 88

3.2.3.1 Professional Association Affiliations 88
3.2.3.2 Scientific and Other Associations 91

3.2.4 Location 91

3.2.4.1 Residence 91
3.2.4.2 University or College 93

3.2.5 Post Graduation 97

3.2.5.1 Future Plans 97
3.2.5.2 Sponsorships 99
3.2.5.3 Work Commitments 102
3.2.5.4 Provinces or Areas 104
3.2.5.5 Community Settings 108
3.2.5.6 Employment Settings 110

3.2 STUDY OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

3.2.1 GENERAL DESCRIPTION

3.2.1.1 Response Rate

Approximately half (54%) of the total number of questionnaires distributed to the students in speech-language pathology and/or audiology programs were returned. As illustrated in **Figure 54**, the response rate was slightly higher for those students attending American universities (57%) than for those students at the Canadian universities (48%).

3.2.1.2 Respondent Group

TABLE 23 shows that the survey respondents represented all regions of the country. Over half (55%) were from the provinces of Ontario and Quebec, followed by 32% from the West and 13% from the East. There was only 1 respondent from the North. The percentage of professionals in each area is also shown in this Table for comparison purposes.

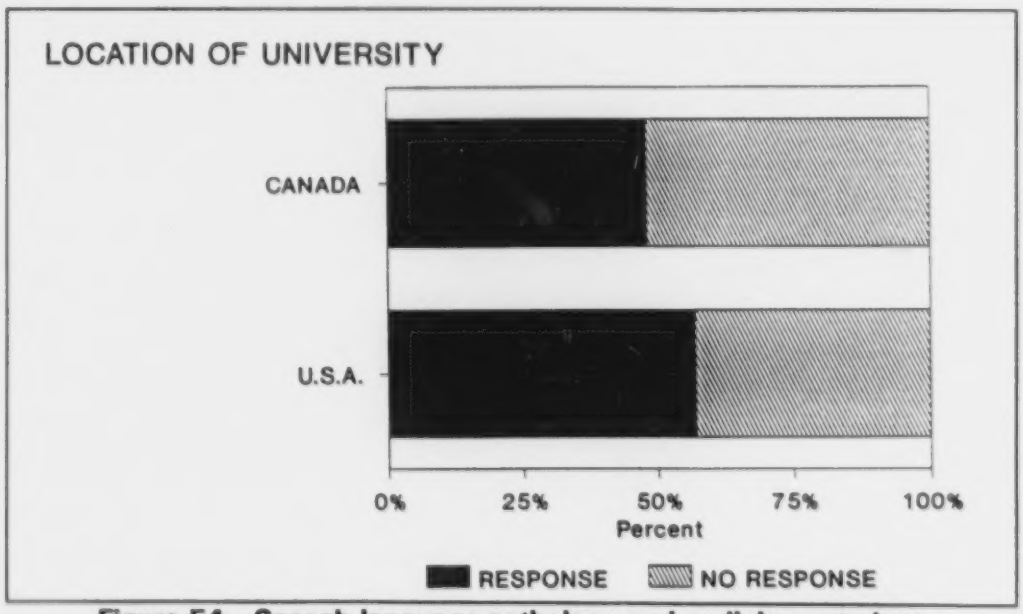


Figure 54. Speech-language pathology and audiology student survey response rate.

TABLE 23

RESPONSE RATE BY PLACE OF RESIDENCE TO THE STUDY OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

LOCATION	Number of Surveys	Percent	Percent Professionals
WESTERN CANADA	**161**	**32%**	**38%**
British Columbia	40	8%	15%
Alberta	51	10%	14%
Saskatchewan	24	5%	4%
Manitoba	46	9%	6%
CENTRAL CANADA	**274**	**55%**	**53%**
Ontario	192	38%	37%
Quebec	82	16%	16%
EASTERN CANADA	**67**	**13%**	**9%**
New Brunswick	29	6%	3%
Nova Scotia	23	5%	5%
Prince Edward Island	3	--	--
Newfoundland	12	2%	1%
NORTHERN CANADA	**1**	**–**	**<1%**
Yukon	1	--	-
Northwest Territories	-	--	-
CANADA	**503**	**12%**	**10%**

3.2.2 GENERAL PROFILE

3.2.2.1 Major Field of Study

Survey findings revealed that most of the students were studying speech-language pathology (81%) or audiology (16%). Only a few (3%) stated that they were registered in a program but were classified as being in a preparatory year and/or had not declared their major field of study yet. **Figure 55** below illustrates this information.

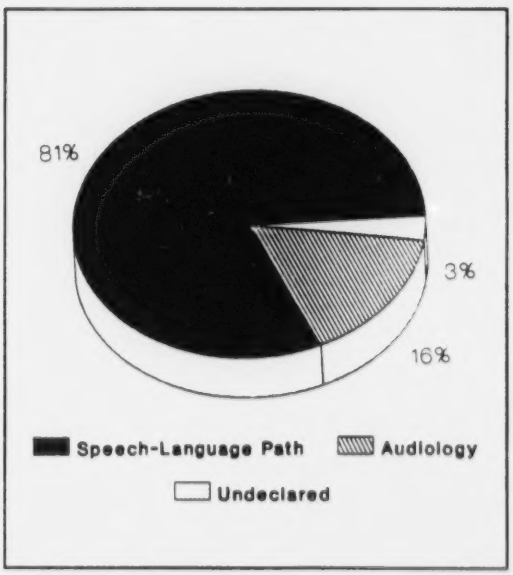


Figure 55. Major field of study of communication disorders students.

3.2.2.2 Gender

Speech-language pathology and audiology students are primarily female (93%). **Figures 56** and **57** illustrate the gender distribution of speech-language pathology and audiology students respectively.

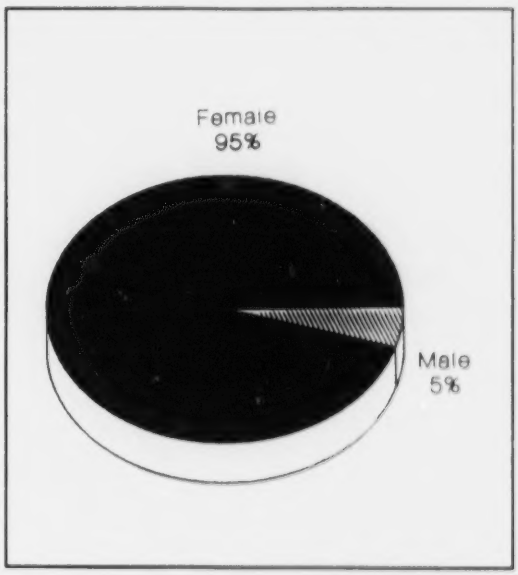


Figure 56. Gender of speech-language pathology students.

The gender of the speech-language pathology and audiology students by place of residence is illustrated in **Figure 58**. As shown, over half of the males (51%) are from Ontario, while only 37% of the females are from this province. About 16% of the male students are from Quebec, while both

the western and eastern provinces have higher percentages of female students studying in speech-language pathology and/or audiology programs compared to the male students.

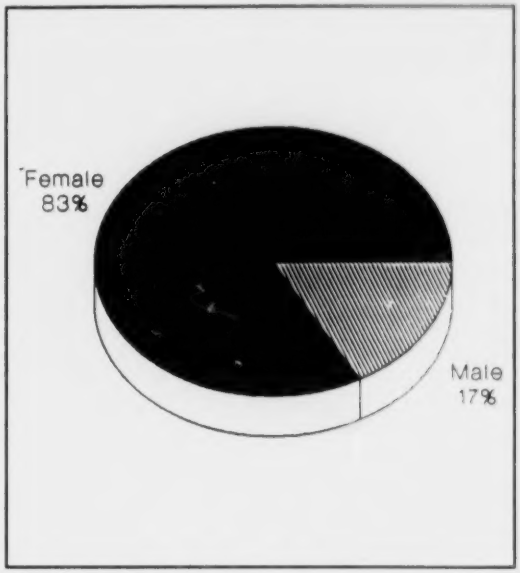


Figure 57. Gender of audiology students.

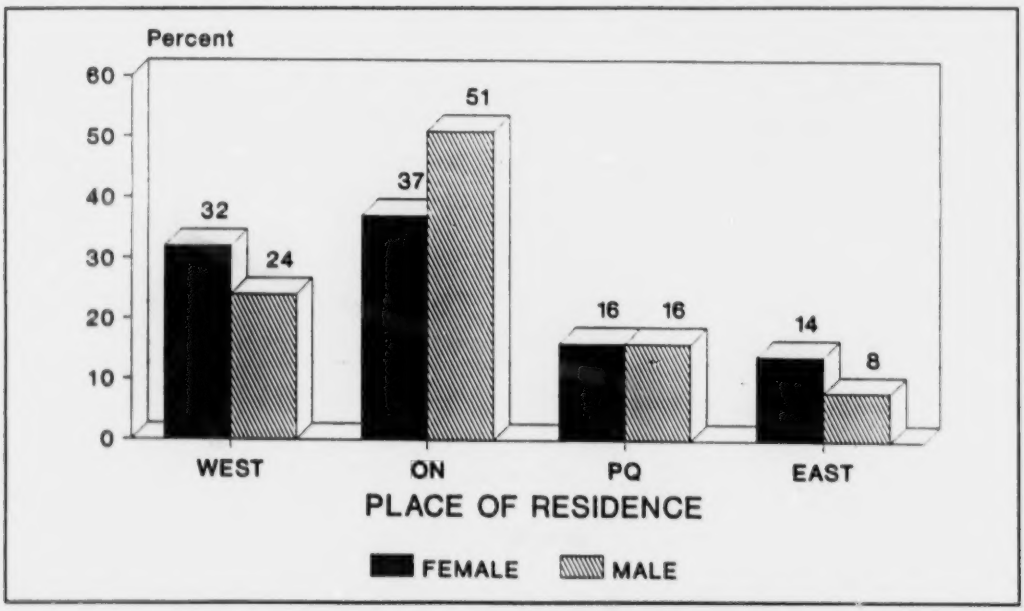


Figure 58. Gender of speech-language pathology and audiology students by place of residence.

3.2.2.3 Age

The majority of students in speech-language pathology and audiology programs (88%) are under 30 years old; the largest cluster (42%) is in the 23 to 25 year old age range. **Figure 59** illustrates this age distribution. Quebec had significantly more younger students than the rest of the country and relatively few over 25 years of age. **Figure 60** offers more information on the age of the students by their place of residence.

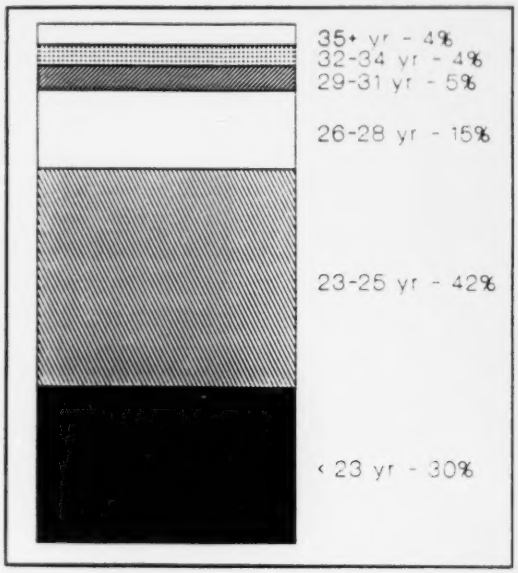


Figure 59. Age distribution of students.

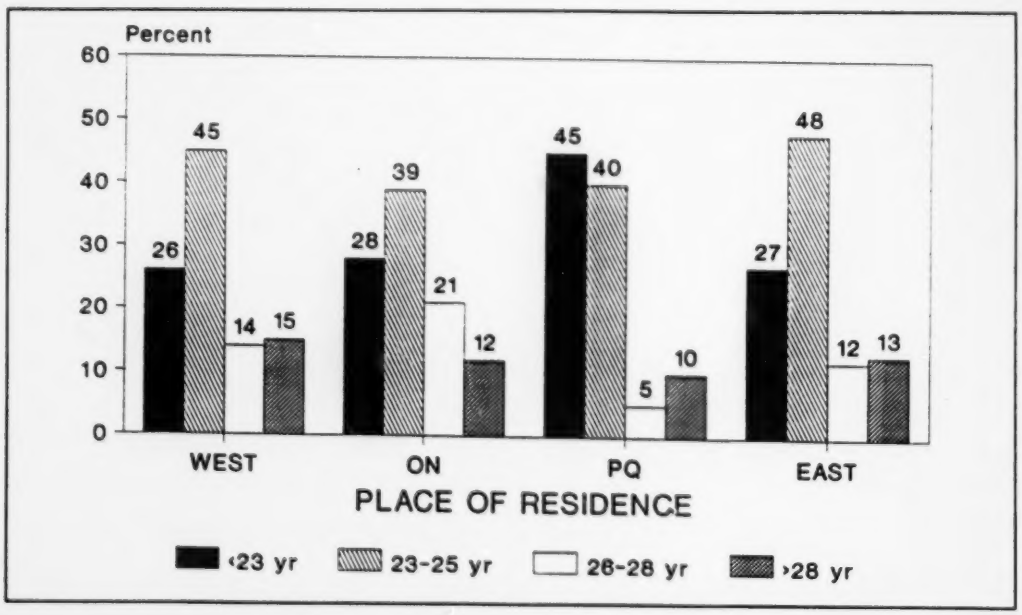


Figure 60. Age of students by place of residence.

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3.2.2.4 Languages

The majority of both speech-language pathology (90%) and audiology (86%) students stated that they would be able to provide professional services in English. About one fourth (26%) of the students indicated that they will be able to work with clients in French; 14% stated they would be competent in manual communication, while 3% would be able to offer services in a minority language.

A total of 14 minority languages were listed by the students. (See **APPENDIX G2** for further details on the languages in which students indicated that they would be able to provide professional services.) Information by place of residence is outlined in **TABLE 24** on the following page. **Figure 61** below shows that a higher percentage of audiology students than speech-language pathology students indicated that they had skills in manual communication or were fluent in a minority language.

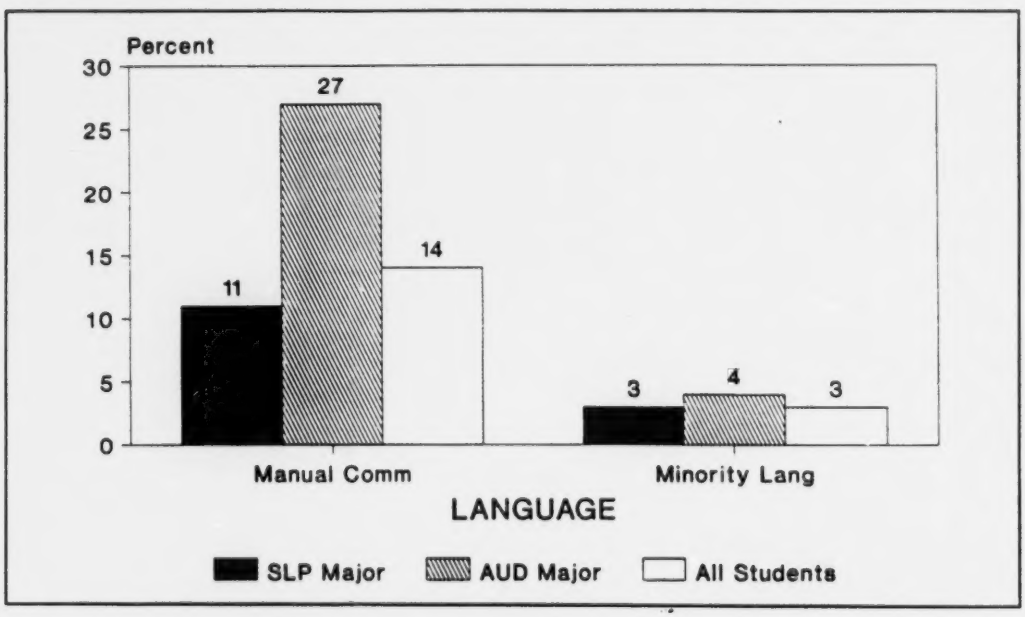

Figure 61. Manual communication skills and minority language abilities of speech-language pathology and audiology students.

TABLE 24

LANGUAGE COMPETENCIES OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS BY PLACE OF RESIDENCE

RESIDENCE	MAJOR FIELD OF STUDY	LANGUAGE			
		English	French	Manual Commun.	Minority Language
WESTERN CANADA	**SLP (139)** **AUD (16)**	**99%** **100%**	**9%** **19%**	**17%** **19%**	**3%** **6%**
British Columbia	SLP (31) AUD (6)	100% 100%	10% 33%	16% 33%	6% 17%
Alberta	SLP (48) AUD (1)	98% 100%	6% -	19% -	2% -
Saskatchewan	SLP (18) AUD (6)	100% 100%	6% 17%	6% -	- -
Manitoba	SLP (42) AUD (3)	100% 100%	14% -	19% 33%	- -
CENTRAL CANADA	**SLP (211)** **AUD (54)**	**82%** **80%**	**35%** **44%**	**13%** **26%**	**4%** **4%**
Ontario	SLP (151) AUD (36)	99% 97%	13% 19%	9% 28%	5% 6%
Quebec	SLP (60) AUD (18)	38% 44%	90% 94%	10% 22%	3% -
EASTERN CANADA	**SLP (56)** **AUD (11)**	**96%** **100%**	**23%** -	**4%** **2%**	**1%** -
New Brunswick	SLP (23) AUD (6)	96% 100%	39% -	4% -	1% -
Nova Scotia	SLP (19) AUD (4)	95% 100%	11% -	5% 25%	2% -
Prince Edward Island	SLP (3) AUD (-)	100% -	67% -	- -	- -
Newfoundland	SLP (11) AUD (-)	100% -	- -	- -	- -
NORTHERN CANADA	**SLP (-)** **AUD (-)**	- -	- -	- -	- -
TOTAL	**973**	**90%**	**26%**	**14%**	**3%**

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3.2.2.5
Education

3.2.2.5.1
Current Degree Program

Figure 62 shows that the majority (59%) of the students were enrolled in a graduate degree program; 37% were registered in an undergraduate program and 2% were studying at the post-graduate level. An additional 2% of the students were enrolled in qualifying or preparatory year programs for graduate level degrees.

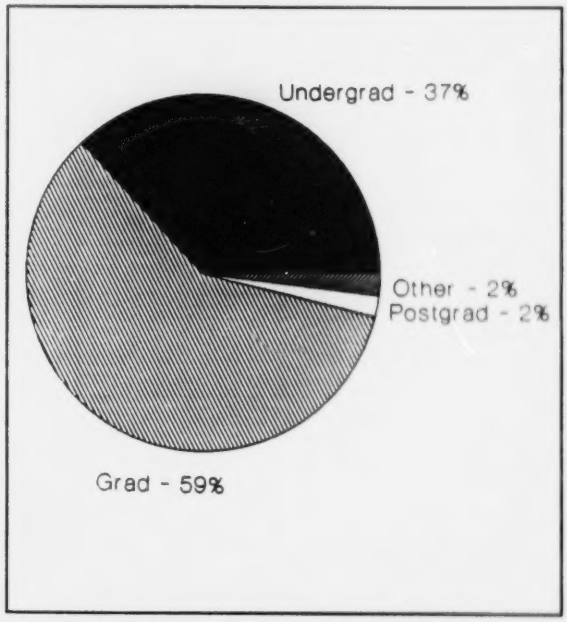

Figure 62. Degree program of speech-language pathology and audiology students.

Most (93%) of the students enrolled in an undergraduate level program were in Canada, while nearly half (46%) of those at the graduate and post-graduate levels were studying in the United States. See Figure 63 for further details.

3.2.2.5.2
Undergraduate Education

A total of 69% of survey respondents completed an undergraduate degree before entering their current speech-language pathology and/or audiology program. This figure includes 22% of the students who were enrolled in Bachelor degree programs in speech-language pathology and audiology.

The provinces with undergraduate speech-language pathology and audiology programs (i.e., Alberta, Ontario and Quebec) had the highest percentage of students (mean = 41%) that did not hold a degree compared to 0 to 24% (mean = 13%) in the other provinces. By region, 72% of the students from Western Canada, 78% from Central Canada, 90% from Eastern Canada and 100% from Northern Canada had completed undergraduate degrees.

Figure 64 shows that 75% of these students that completed an under-graduate degree in speech-language pathology and/or audiology, studied in Canada, 22% went to the United

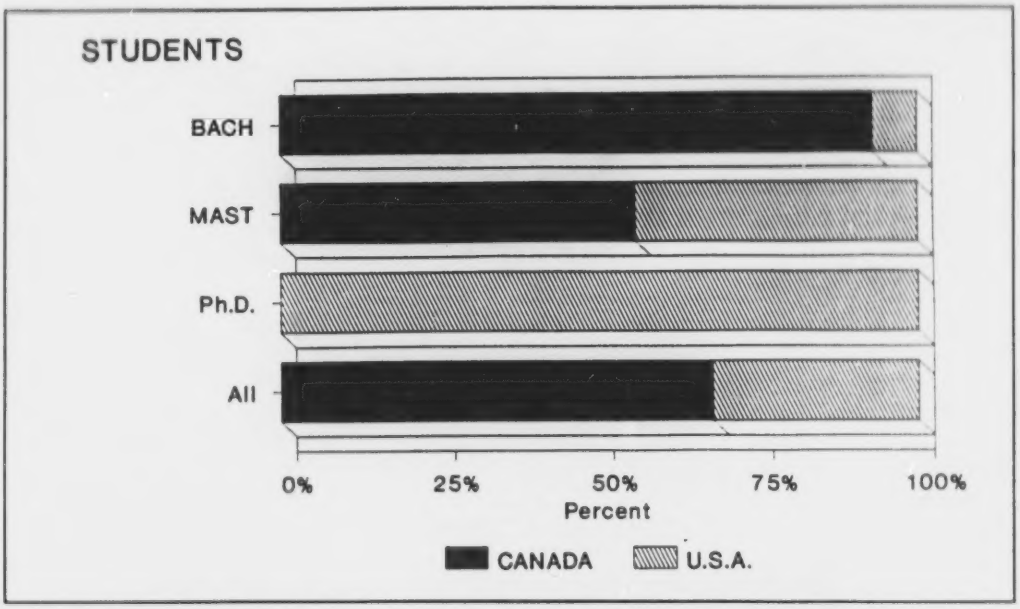

Figure 63. Country of education of Canadian speech-language pathology and audiology students.

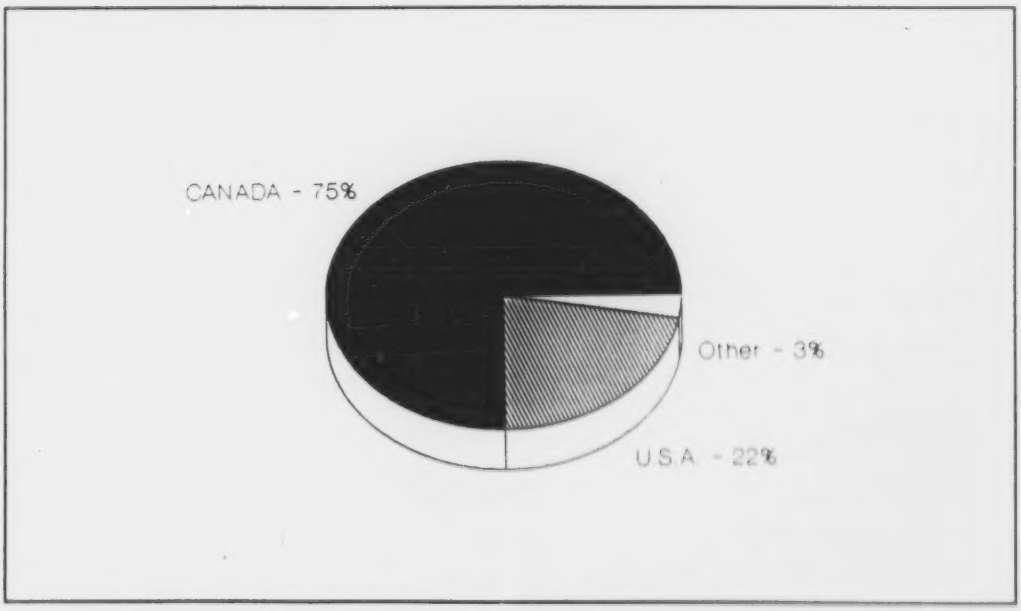

Figure 64. Country of undergraduate education in speech-language pathology and/or audiology of Canadian speech-language pathology and audiology students.

States and 3% went to another country. All of the respondents who completed an undergraduate degree in the United States were from Western Canada or Ontario and they were the students who were more likely to return to the United States to complete their graduate education.

Undergraduate education completed by students prior to their entry into a speech-language pathology or audiology program varied. The most common degrees completed were a Bachelor of Arts (52%) followed by Bachelor of Science (40%) and Bachelor of Education (7%). Students from Nova Scotia (61%) and Ontario (53%) completed the highest percentage of Bachelor of Science degrees, while 46% to 100% of the students from the other provinces held a Bachelor of Arts degree. The provinces with the highest percentage of students with degrees in Education or Child Studies were Saskatchewan (22%), Nova Scotia (17%) and Manitoba (10%). See **TABLE 25** for more details.

Undergraduate degrees completed by 6% of the students included: Applied Science, Commerce, Fine Arts, General Studies, Music, Nursing, Recreation Studies and Social Work. A list of the universities attended is contained in **APPENDIX I1**. A total of 58 universities were named, including 44 in Canada, 12 in the United States and 2 in other countries. The number of universities attended in each country by degree program is represented in **Figure 65**.

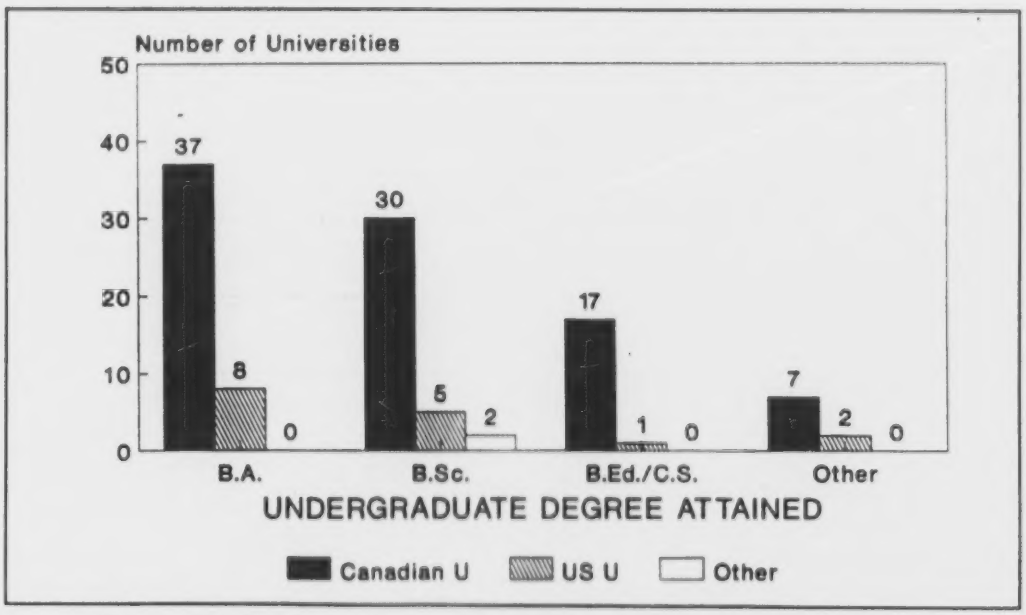

Figure 65. Number of universities attended by degree attained.

TABLE 25

UNDERGRADUATE DEGREES ATTAINED BY SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS BY PLACE OF RESIDENCE

RESIDENCE	Number	DEGREE			
		Arts	Science	Educ.	Other
WESTERN CANADA	**115**	**65%**	**25%**	**10%**	**6%**
British Columbia	34	71%	29%	9%	-
Alberta	23	52%	43%	4%	-
Saskatchewan	18	67%	28%	22%	-
Manitoba	40	68%	10%	10%	17%
CENTRAL CANADA	**170**	**45%**	**50%**	**4%**	**6%**
Ontario	133	45%	53%	5%	4%
Quebec	37	46%	38%	3%	14%
EASTERN CANADA	**60**	**45%**	**42%**	**10%**	**8%**
New Brunswick	22	55%	27%	5%	14%
Nova Scotia	23	26%	61%	17%	9%
Prince Edward Island	3	100%	-	-	-
Newfoundland	12	50%	42%	8%	-
NORTHERN CANADA	**1**	-	**100%**	-	-
TOTAL	**346**	**52%**	**40%**	**7%**	**6%**

Data collected on the students' undergraduate education revealed that 9% of them had completed 2 undergraduate degrees before their current program. The most common major was psychology (43%), followed by speech-language pathology and/or audiology (20%) and linguistics (19%). However, many students majored in a variety of other subject areas and often had a minor area of concentration in either psychology or biology. **APPENDIX I2** lists the 30 major fields of study of the students.

There was no significant difference between undergraduate majors according to gender, although there was a significant difference by current major field of study. More SLP students (45%) majored in psychology than AUD students (33%); few audiology students majored in linguistics (9%) compared to SLP students (21%). More AUD students (13%) than SLP students (8%) completed studies in biology and speech-language pathology and/or audiology (43% for the audiology students and 33% for the SLP students). This information is outlined in **Figure 66**.

3.2.2.5.3 *Graduate Education*

In addition to completing one or more Bachelor degrees before beginning graduate level studies in speech-language pathology and/or audiology, approximately 5% of the graduate students had completed a graduate

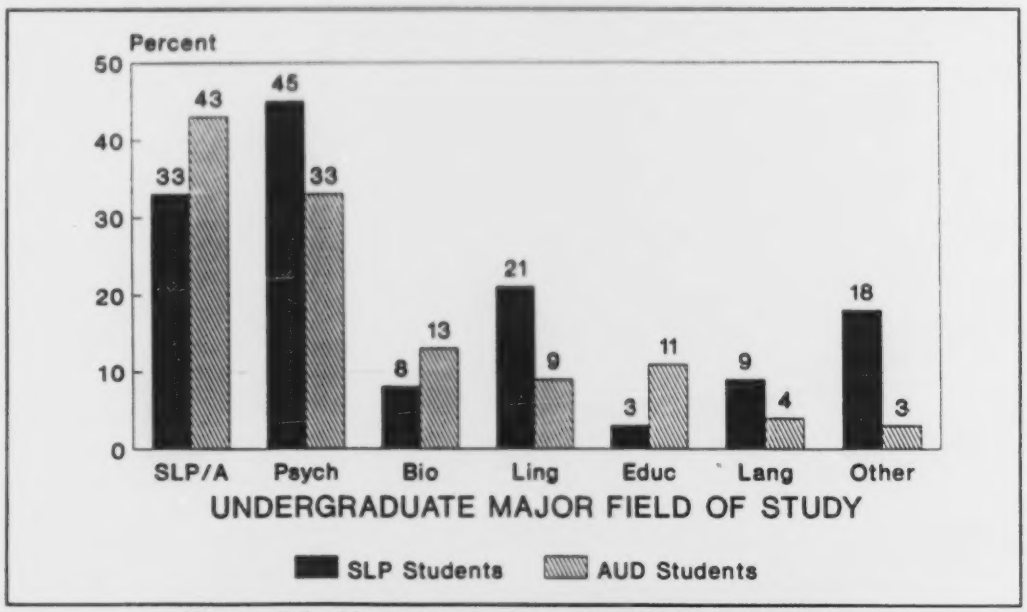

Figure 66. Undergraduate major fields of study of speech-language pathology and audiology students.

degree in another field. These included: Arts (50%), Science (29%), Education (14%), and Business Administration (7%).

3.2.2.5.4
Country of Preference for Education

Most survey respondents (84% for both speech-language pathology and audiology students) indicated that Canadian universities were their first choice of location for their studies. Nearly all (97%) of the students enrolled in Bachelor degree programs and most (80%) in Masters level programs showed a preference for Canada. (See **APPENDIX J2** for a sample of students' comments on this subject.) In contrast, 92% of those at the doctoral level indicated a preference for the United States.

Significant differences existed by place of residence in preference of country for university location. A minimum of 90% of the students from each of the eastern provinces and Quebec preferred Canada, while fewer (58 to 89%) from Ontario and the western provinces showed an interest in Canadian universities. Overall, more students from the eastern provinces (94%) than Central Canada (89%) or the western provinces (71%) were interested in studying in Canada. **Figure 67** shows these preferences by region. Details by province of residence are presented in **TABLE 26**.

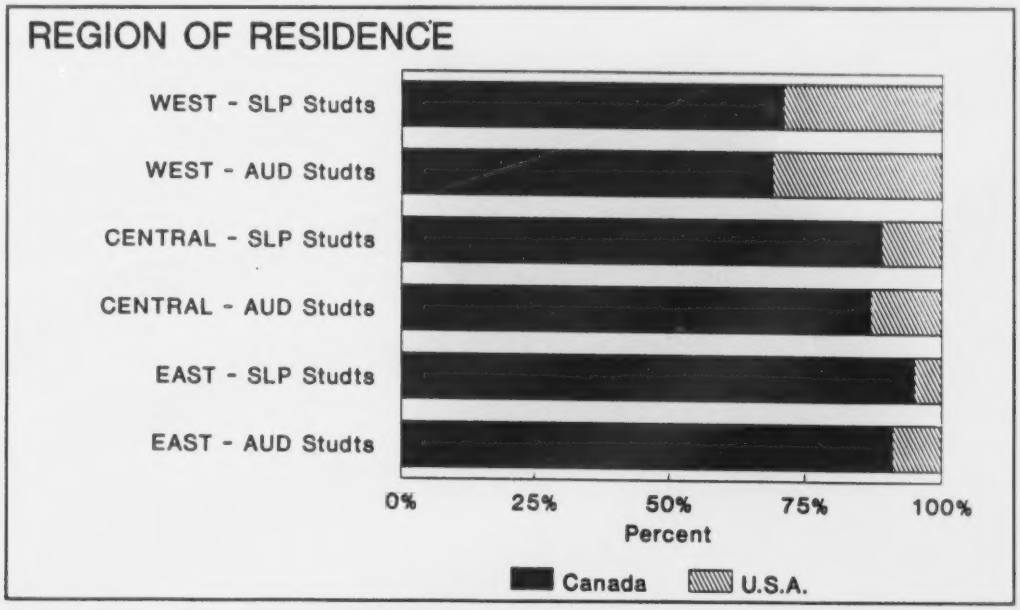

Figure 67. Preference for location of university by region of residence.

TABLE 26

COUNTRY OF PREFERENCE FOR UNIVERSITY LOCATION BY RESIDENCE

RESIDENCE	MAJOR FIELD OF STUDY		COUNTRY			
			CANADA		UNITED STATES	
WESTERN CANADA	**SLP 139**	**AUD 16**	**SLP 71%**	**AUD 69%**	**SLP 29%**	**AUD 31%**
British Columbia	SLP 31	AUD 6	SLP 87%	AUD 83%	SLP 13%	AUD 17%
Alberta	SLP 48	AUD 1	SLP 77%	AUD -	SLP 23%	AUD 100%
Saskatchewan	SLP 18	AUD 6	SLP 61%	AUD 50%	SLP 39%	AUD 50%
Manitoba	SLP 42	AUD 3	SLP 55%	AUD 100%	SLP 45%	AUD -
CENTRAL CANADA	**SLP 211**	**AUD 54**	**SLP 89%**	**AUD 87%**	**SLP 11%**	**AUD 13%**
Ontario	SLP 151	AUD 36	SLP 85%	AUD 83%	SLP 15%	AUD 17%
Quebec	SLP 60	AUD 18	SLP 98%	AUD 94%	SLP 2%	AUD 6%
EASTERN CANADA	**SLP 56**	**AUD 11**	**SLP 95%**	**AUD 91%**	**SLP 5%**	**AUD 9%**
New Brunswick	SLP 23	AUD 6	SLP 91%	AUD 83%	SLP 9%	AUD 17%
Nova Scotia	SLP 19	AUD 4	SLP 100%	AUD 100%	SLP -	AUD -
Prince Edward Island	SLP 3	AUD -	SLP -	AUD 100%	SLP -	AUD -
Newfoundland	SLP 11	AUD 1	SLP 91%	AUD 100%	SLP 9%	AUD -
NORTHERN CANADA	**SLP 1**	**AUD -**	**SLP 100%**	**AUD -**	**SLP -**	**AUD -**
TOTAL	**SLP 407**	**AUD 81**	**SLP 84%**	**AUD 84%**	**SLP 16%**	**AUD 16%**

3.2.2.5.5
Application to Canadian Programs

There was a high percentage of students (82%) that applied to Canadian universities; a slightly higher percentage of audiology (86%) than speech-language pathology (81%) students applied to Canadian programs, as illustrated in **Figure 68.**

The percentage of students from each province that applied to a Canadian university varied. More SLP students from Eastern Canada (95%) than Central Canada (87%) or Western Canada (66%) applied to a Canadian university. Slightly more audiology students from Central Canada (92%) than Eastern Canada (91%) applied in Canada, while those from Western Canada were the least likely to have applied to a Canadian program (66%).

3.2.2.5.6
Application to Multiple Programs

Overall, 45% of the students had applied to more than one program; fewer students (11%) at the undergraduate than at the graduate (65%) or post-graduate (58%) levels applied to multiple programs. More SLP majors (68%) than AUD majors (45%) applied to more than one program.

Students from Central Canada were less likely than students from other regions of the country to apply to

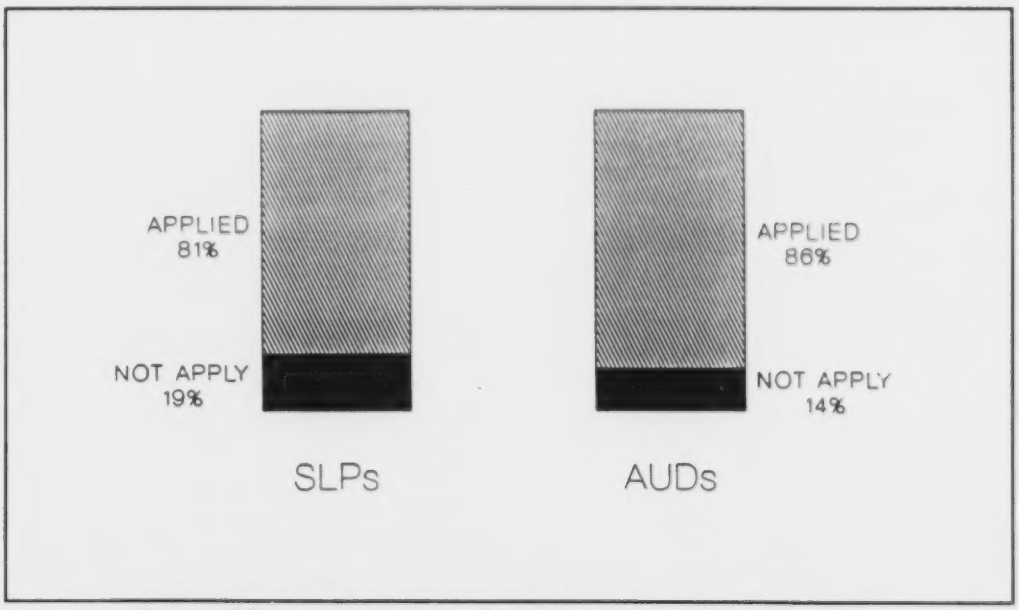

Figure 68. Application to Canadian university programs in speech-language pathology and audiology.

multiple universities. The details are outlined in **Figure 69**.

Variations exist also by university. Only 10% of the students attending l'Université de Montréal applied to other universities, while 86% of those attending McGill University had applied to other universities. Approximately the same percentage of graduate students attending Canadian universities (66%) and American universities (64%) had applied to multiple programs. Information for all students is portrayed in **Figure 70**.

When the age of the students was examined, it was found that the lowest percentage of students that applied to more than one program was those under 23 years of age. More than half of the students between 23 to 31 years of age applied to multiple programs and no less than one third of the students at any age (beyond 23 years) applied to only one program. See **Figure 71** for more information.

3.2.2.5.7
Repeated Applications

Approximately 15% of the students applied more than one year to gain admittance to a speech-language pathology and/or audiology program. A higher percentage of the speech-language pathology students (16%) than the audiology students (11%) applied more than one year. Likewise,

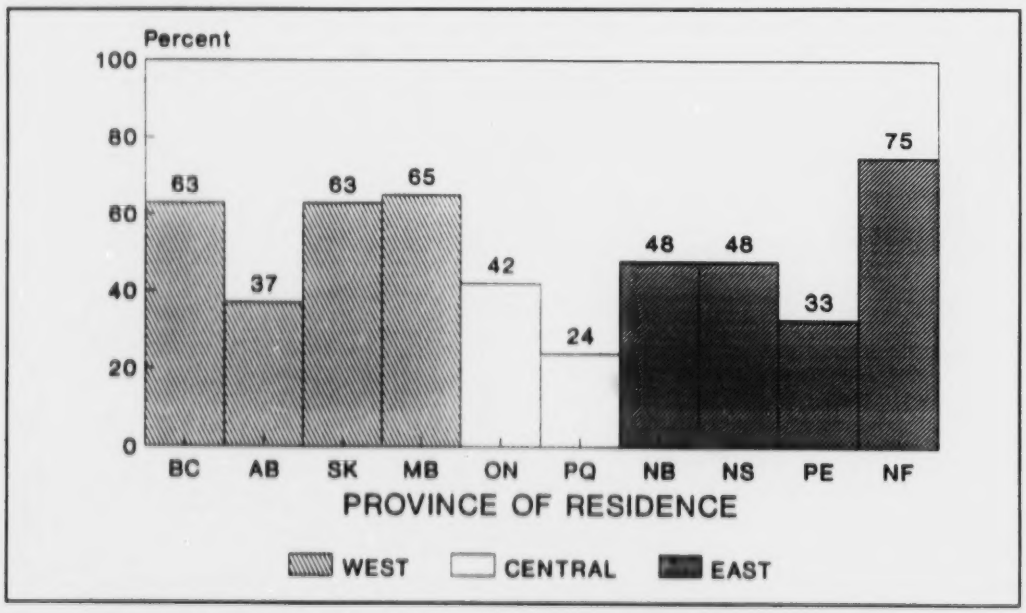

Figure 69. Application to multiple speech-language pathology and/or audiology programs by place of residence.

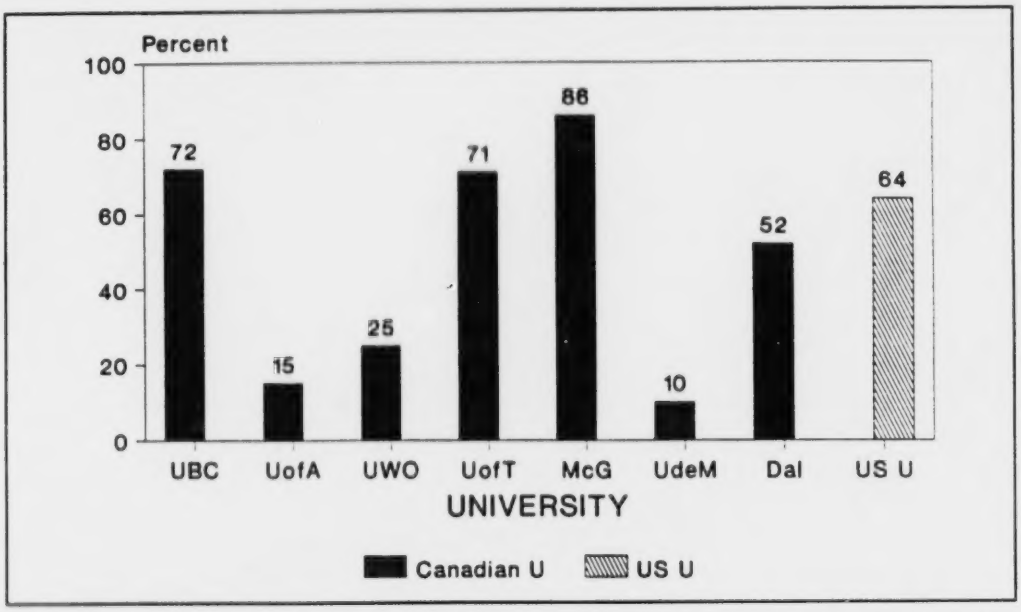

Figure 70. Application to multiple speech-language pathology and/or audiology programs by university attending.

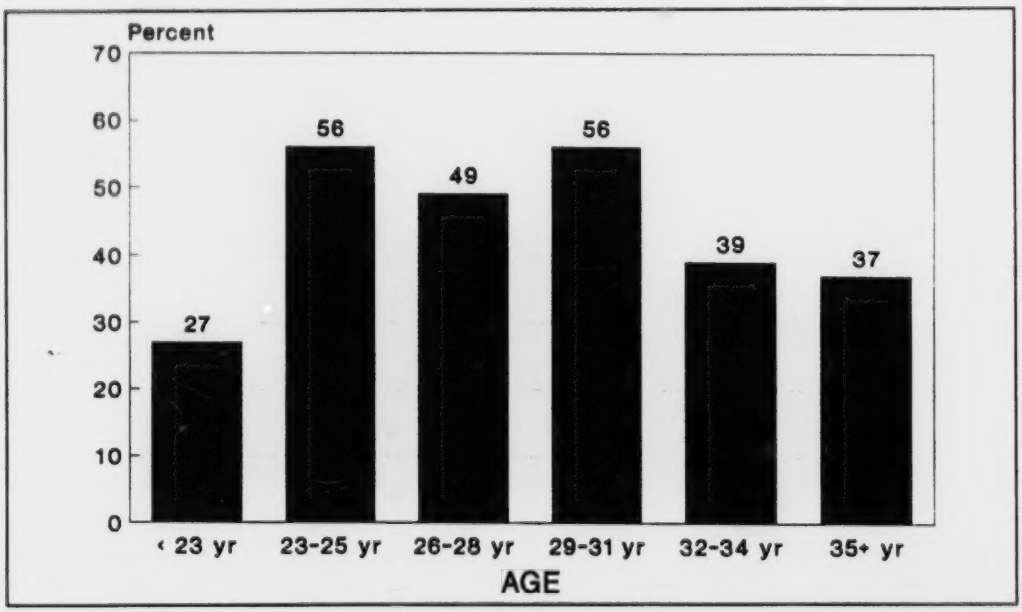

Figure 71. Application to multiple speech-language pathology and/or audiology programs by age.

more female students (16%) than male students (11%) applied more than one year.

A range of 3 to 36% of the students at the various universities applied more than one year to gain admittance. Dalhousie University had the highest percentage of students (36%) that had applied to a program more than one year. In contrast, few students at the University of Alberta (3%) had applied more than one year. **Figure 72** summarizes this information for each of the Canadian universities and the American universities as a group.

TABLE 27 shows that a higher percentage of the students from Eastern Canada (37%) than Central Canada (15%) or Western Canada (8%) had applied more than one year to gain admittance to a speech-language pathology and/or audiology program. The percentages varied greatly between provinces; only 4% of the students from Alberta had applied more than one year while 48% from Nova Scotia had applied more than once.

Younger students, under 32 years of age, were more likely than older ones to have applied more than one year for admittance. As illustrated in **Figure 73**, the highest percentage of those that applied to a program more than once were in the 29 to 31 year old age range. As age increases beyond 31 years, the percentage that applied more than one year decreases.

TABLE 27

REPEAT APPLICATIONS OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS BY PLACE OF RESIDENCE

RESIDENCE	REPEAT APPLICATIONS
WESTERN CANADA	**8%**
British Columbia	5%
Alberta	4%
Saskatchewan	13%
Manitoba	13%
CENTRAL CANADA	**15%**
Ontario	12%
Quebec	24%
EASTERN CANADA	**37%**
New Brunswick	17%
Nova Scotia	48%
Prince Edward Island	-
Newfoundland	42%
NORTHERN CANADA	**–**
TOTAL	**15%**

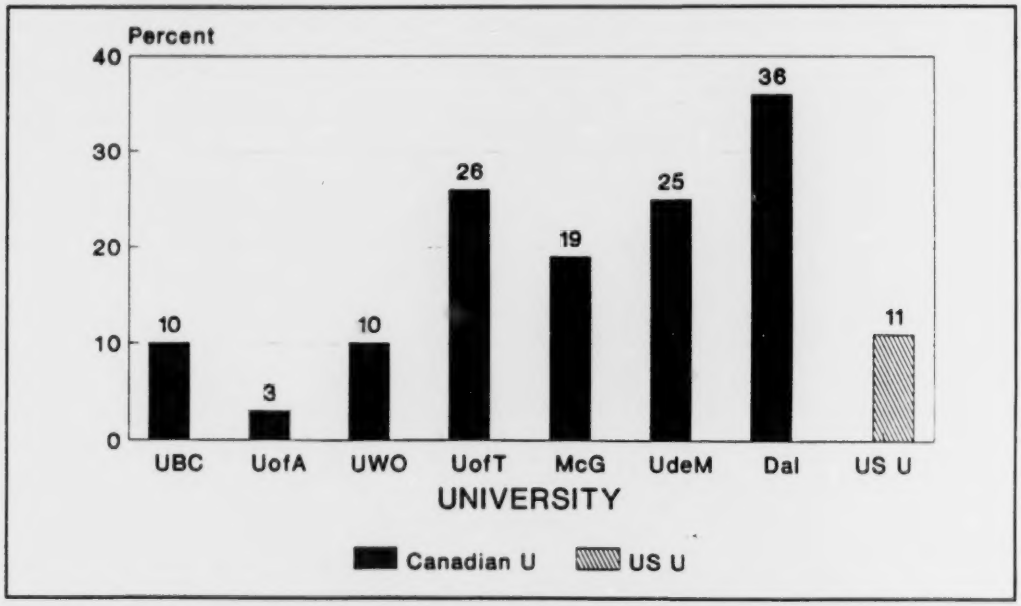

Figure 72. Repeated applications to speech-language pathology and/or audiology programs by university attending.

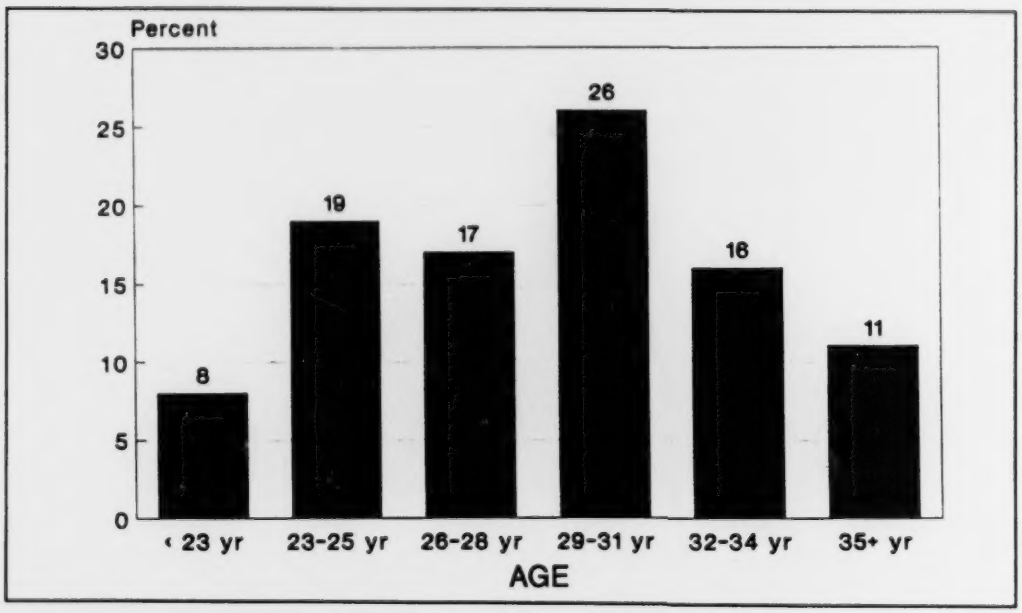

Figure 73. Repeated applications to speech-language pathology and/or audiology programs by age.

3.2.3 MEMBERSHIP INFORMATION

3.2.3.1 Professional Associations

Between 22 to 75% of speech-language pathology and audiology students from all provinces indicated that they had affiliations to a professional association of speech-language pathologists and audiologists. Membership was higher (46%) to a provincial association of SLPs and AUDs than to the national association, CASLPA, (42%) or to the American counterpart, ASHA (40%).

TABLE 28 shows that provincial association membership varied across the country, from a low of 20% in Quebec to a high of 68% in British Columbia. CASLPA membership was also lowest in Quebec at 22% and highest in Prince Edward Island at 67% (although this figure represents very few students) and British Columbia at 63%. ASHA membership was highest, and also higher than membership to any Canadian associations, among those students from Saskatchewan (75%) and Manitoba (74%).

Figure 74 shows that a higher percentage of the students enrolled in graduate (51 to 53%) and post-graduate (42 to 58%) degree programs compared to students in undergraduate (14 to 39%) programs belonged to a professional association.

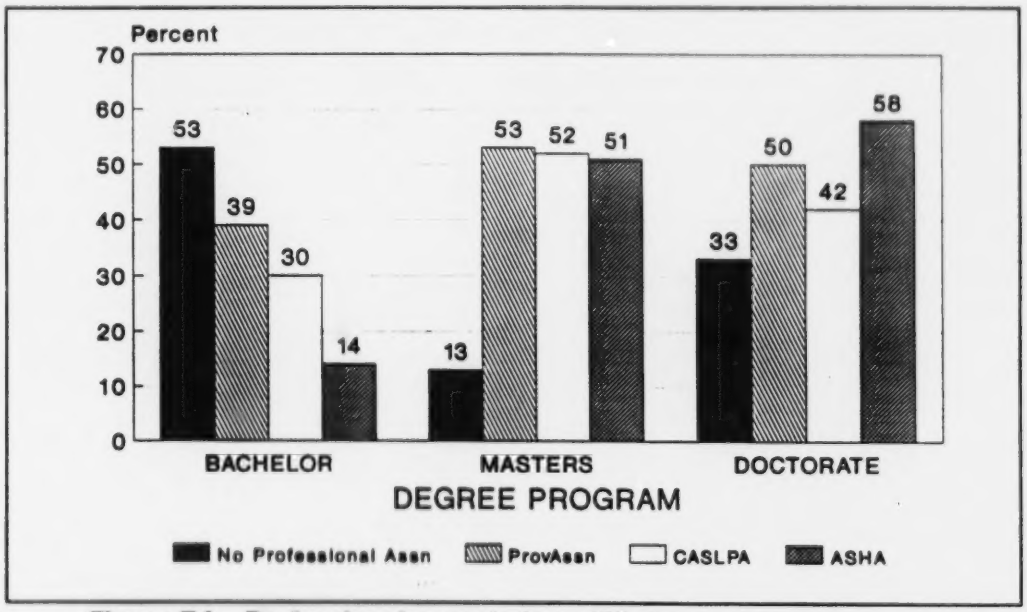

Figure 74. Professional association affiliations of speech-language pathology and audiology students by degree program.

TABLE 28

PROFESSIONAL ASSOCIATION AFFILIATIONS OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

LOCATION	Number	← PROFESSIONAL ASSOCIATION →		
		Prov Assn	CASLPA	ASHA
WESTERN CANADA	**161**	**50%**	**46%**	**52%**
British Columbia	40	68%	63%	30%
Alberta	51	63%	61%	39%
Saskatchewan	24	38%	29%	75%
Manitoba	46	28%	24%	74%
CENTRAL CANADA	**274**	**44%**	**39%**	**35%**
Ontario	192	55%	47%	45%
Quebec	82	20%	22%	11%
EASTERN CANADA	**67**	**45%**	**45%**	**36%**
New Brunswick	29	52%	45%	41%
Nova Scotia	23	35%	35%	30%
Prince Edward Island	3	67%	67%	33%
Newfoundland	12	33%	50%	25%
NORTHERN CANADA	**1**	**100%**	**100%**	-
Yukon	1	100%	100%	-
Northwest Territories	-	-	-	-
TOTAL	**503**	**46%**	**42%**	**40%**

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A higher percentage of Canadian students at American universities (76%) were ASHA members than students at Canadian universities (52%) that were CASLPA members. ASHA membership was 58 to 79% for the students at American universities. For those in Canada, more students enrolled in graduate (40%) than undergraduate programs (11%) held membership to ASHA. Membership to CASLPA was 0 to 42% for those in the United States and 32 to 73% for those in Canada. Similarly, provincial association membership was higher for those studying in Canada (41 to 73%) compared to those in the United States (8 to 50%). This information is presented in **Figure 75.**

Professional association affiliation varied also by university as illustrated in **Figure 76.** Provincial association membership was highest at The University of British Columbia (97%) and lowest at l'Université de Montréal (18%). CASLPA membership was highest among the students attending The University of Toronto (97%) and again lowest among the students at l'Université de Montréal (11%). There were no ASHA members attending the University of British Columbia or l'Université de Montréal. ASHA membership was highest among those attending American universities (72% overall), followed closely by those at McGill University (71%).

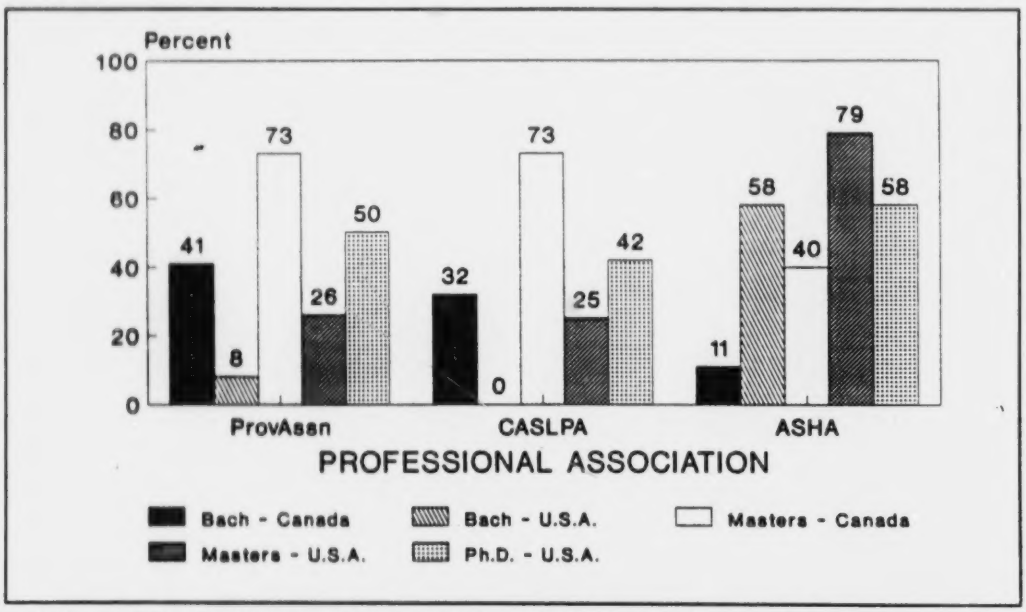

Figure 75. Professional association affiliations of speech-language pathology and audiology students by degree and country of education.

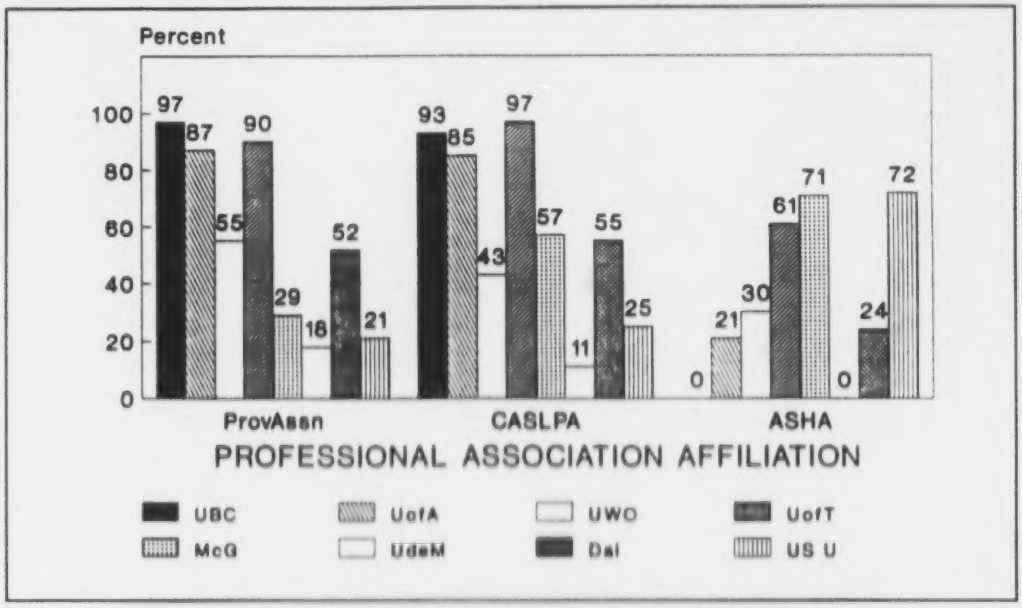

Figure 76. Professional association affiliations of speech-language pathology and audiology students by university.

3.2.3.2 Scientific and Other Associations

APPENDIX H2 provides a list of 23 scientific and other associations in which the students held membership. **Figure 77** reveals a range by province of 0 to 29%, with a mean of 9%. The disproportionately high figure in Alberta was due to the high membership to the Rehabilitation Medicine Students Association of Alberta and a local group at the University of Alberta (OASIS). More post-graduate students (67%) than graduate students (3% for those studying in Canada and 8% for those in the United States) held membership to these, while 12% of undergraduates held membership.

3.2.4 LOCATION

3.2.4.1 Residence

In the winter of 1989, there were at least 982 Canadian students enrolled in speech-language pathology and/or audiology programs in Canada and the United States. The percentage of Canadians at American universities varied from a low of 6% of those from Quebec to a high of 78% of those from Manitoba. **Figure 78** offers a breakdown of the place of residence and the country where the students were being educated.

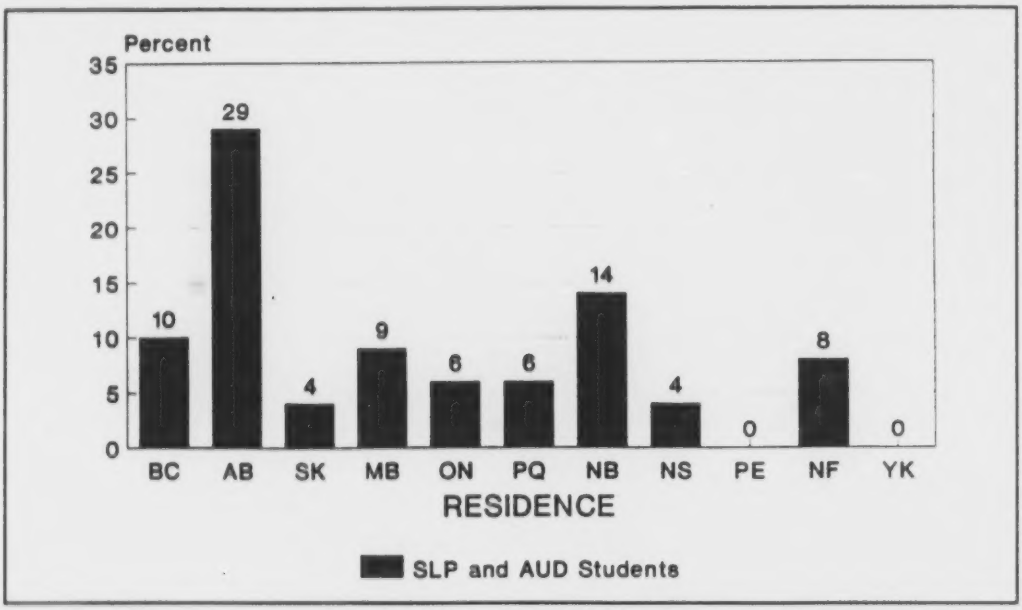

Figure 77. Scientific and other association affiliations of speech-language pathology and audiology students by place of residence.

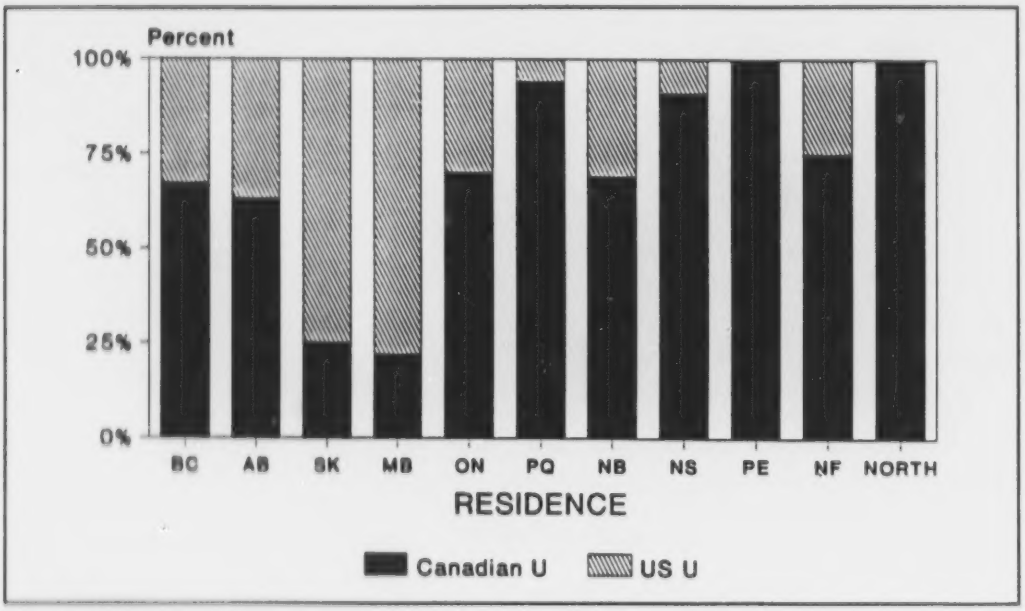

Figure 78. Location of universities attended by place of residence of speech-language pathology and audiology students.

3.2.4.2
University or College

The region of residence of students at each of the 7 Canadian universities and the American universities as one group is shown in **Figure 79**. **Figure 80** illustrates the location of the Canadian students in both Canada and the United States.

In the winter semester of 1989, Canadian students were enrolled in various programs spread across the United States; they were attending 74 universities in a total of 26 states and the District of Columbia. **APPENDIX E1** contains a list of these universities. (A follow-up study conducted by the CASLPA Demographics Committee revealed that over 90% of these universities also had Canadians enrolled in 1990 and approximately the same number of Canadians as 1989 was believed to be studying in the United States.) **APPENDIX E2** shows the universities that had no Canadians at the time of the present study and **APPENDIX E3** lists the universities in which no information was available.

Figure 81 reveals that 79% of the 1989 students were studying in English and 21% in French. Although 66% of them were attending Canadian universities, it was estimated that at least 90% of those students in the United States were studying at the graduate or post-graduate level, which

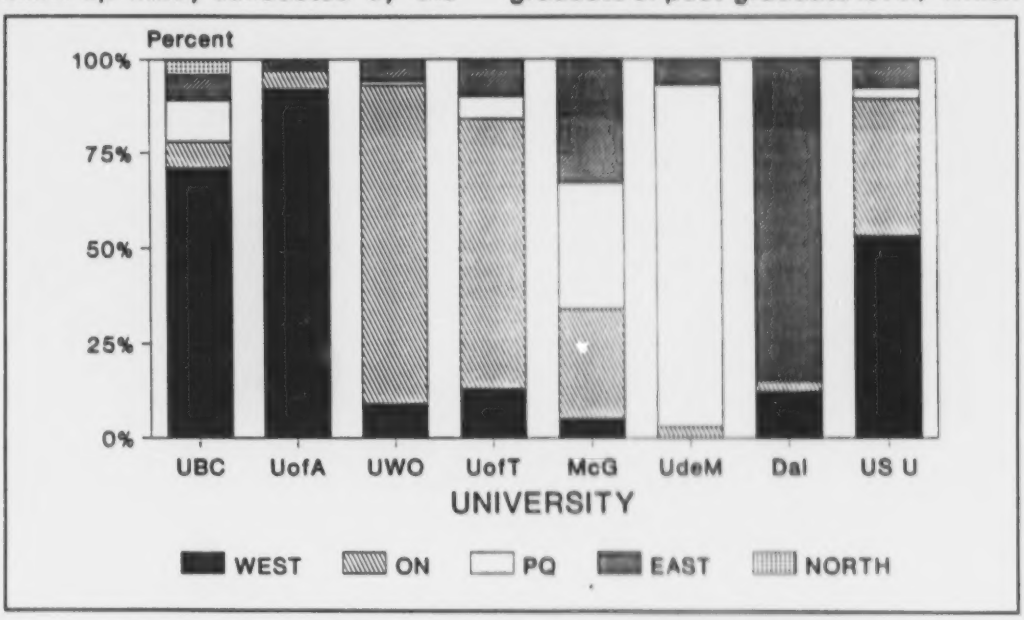

Figure 79. Region of residence of students studying at each of the Canadian universities and in the United States.

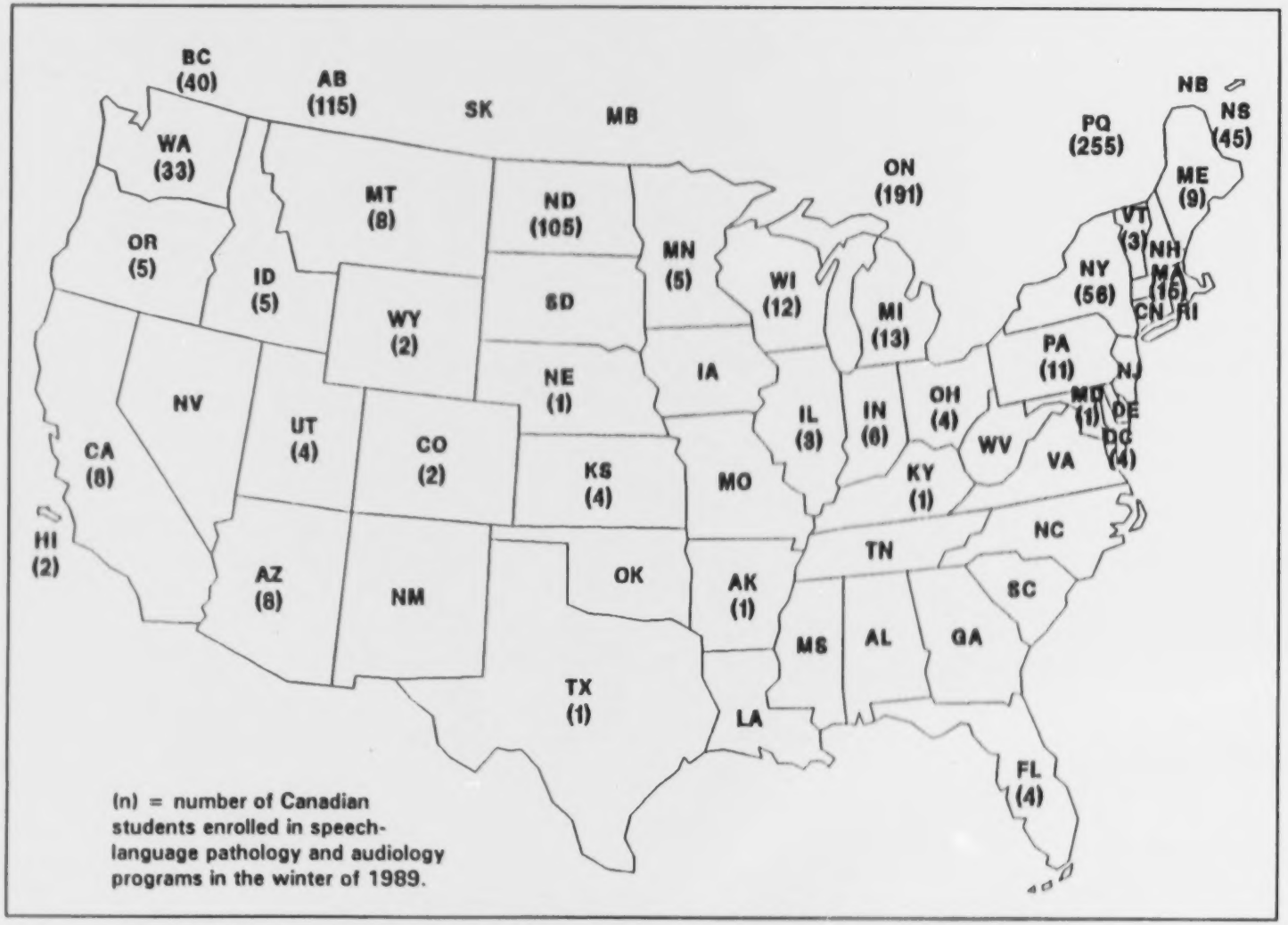

Figure 80. Location of Canadian speech-language pathology and audiology students.

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translates to approximately equal numbers of anglophone Canadian students beyond the undergraduate degree level in Canada and the United States.

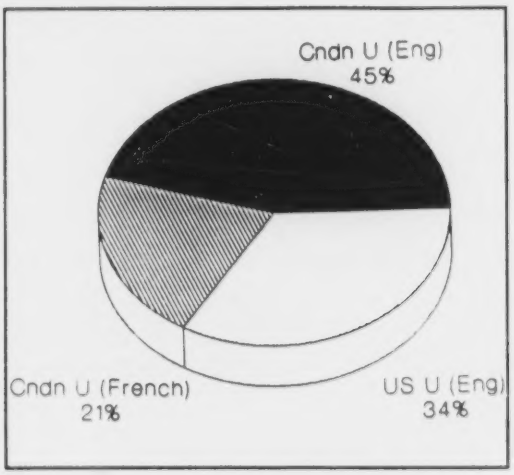

Figure 81. Location of anglophone and francophone students.

Figures 82 through 91 illustrate the states and the region of residence of the students who were attending universities in those states.

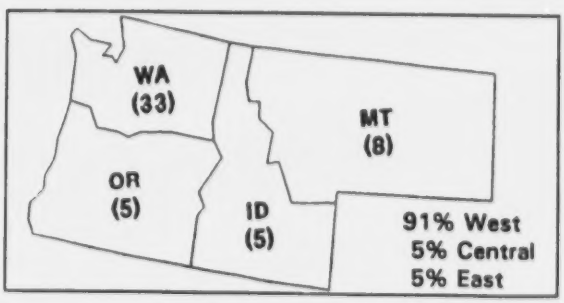

Figure 82. Canadian students in the Northwestern states.

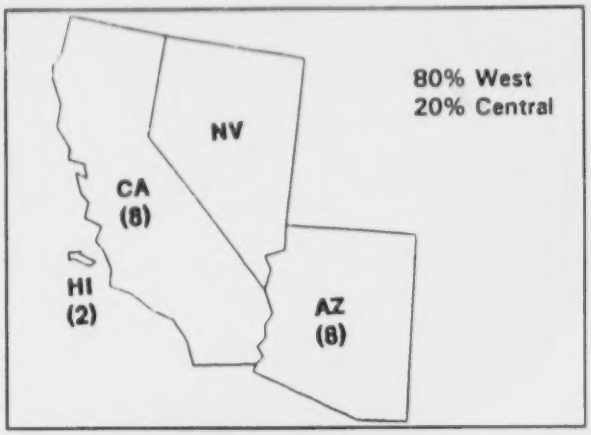

Figure 83. Canadian students in the Far Western states.

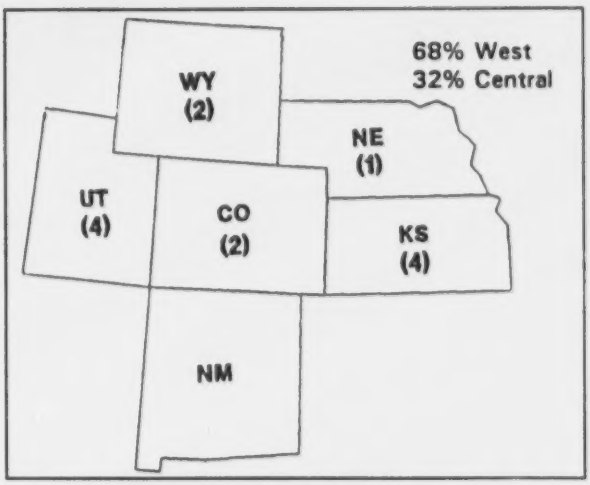

Figure 84. Canadian students in the Rocky Mountain states.

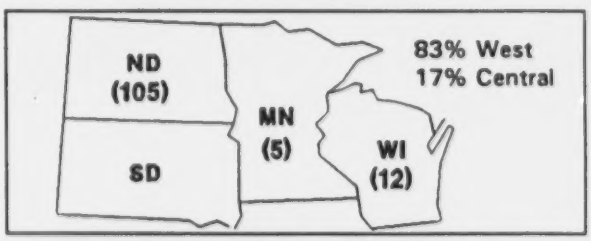

Figure 85. Canadian students in the Upper Midwestern states.

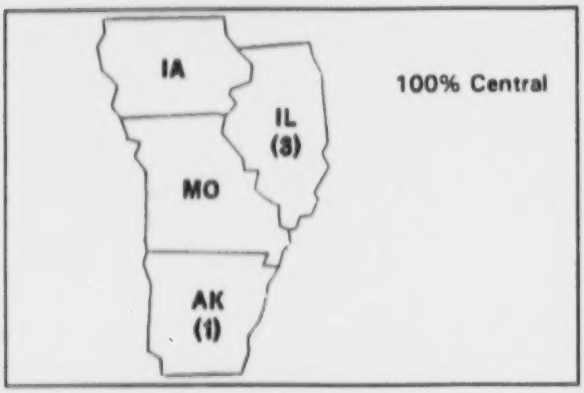

Figure 86. Canadian students in the Mississippi Valley states.

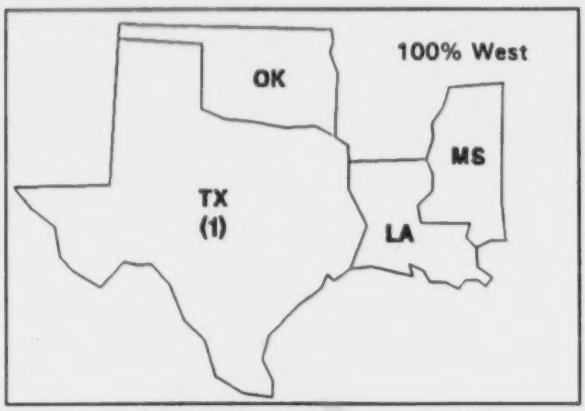

Figure 87. Canadian students in the Gulf Coast states.

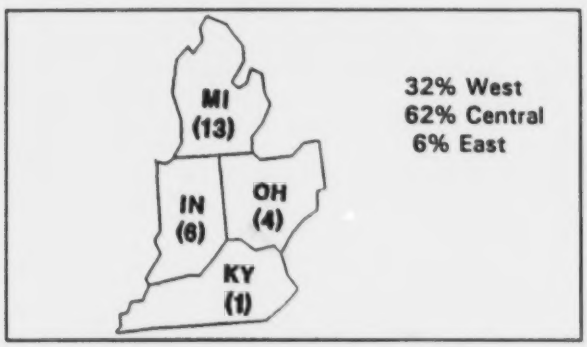

Figure 88. Canadian students in the Midwestern states.

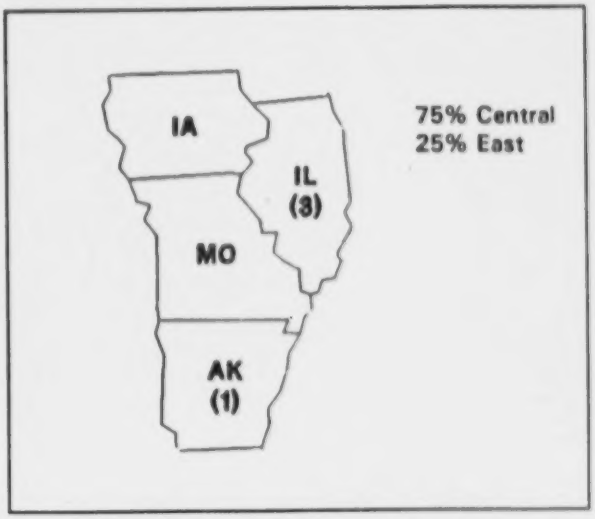

Figure 89. Canadian students in the Southeastern states.

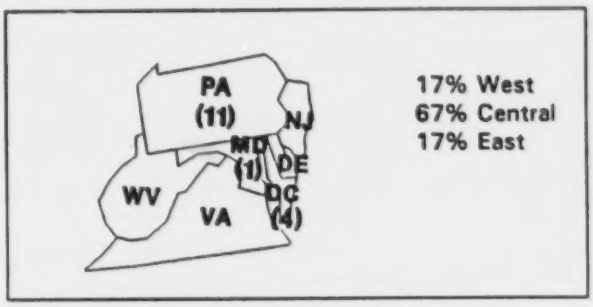

Figure 90. Canadian students in the Mid-Atlantic states.

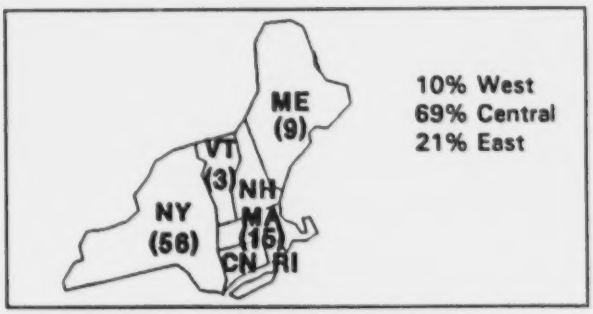

Figure 91. Canadian students in the New England states.

3.2.5 POST-GRADUATION

3.2.5.1 Future Plans

The majority of SLP and AUD students (75%) stated that they planned to enter the workforce upon graduation or continue their studies (24%). Approximately 76% of those in a speech-language pathology program were interested in working in the field, while 23% wanted to pursue their studies and nearly 1% had other plans. Comparable data for the audiology students showed 80% interested in entering the workforce, while less than 1% wanted to pursue their studies and nearly 20% had other plans.

TABLE 29 presents data on future plans of students by their place of residence. With the exception of Quebec, from 74 to 100% of the SLP students in each province would like to enter the workforce after they graduate. For the AUD students, between 77 to 100% of the students in all provinces except Quebec and New Brunswick, indicated that they had plans to work in the field in which they were studying.

Figure 92 illustrates that about 90% of the students who were interested in pursuing their studies were under 29 years old; only about 3% of them were over 35 years of age.

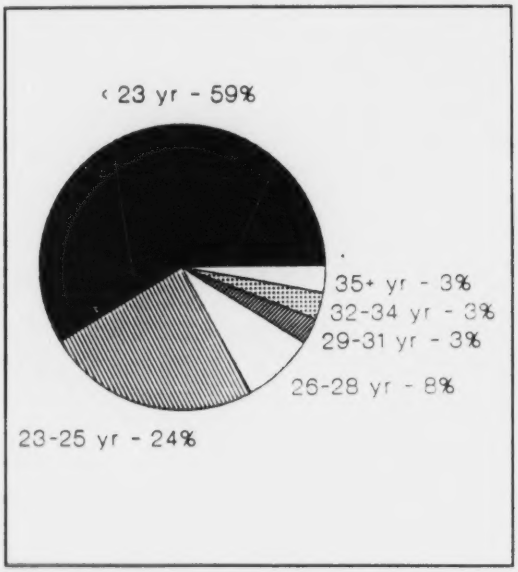

Figure 92. Continued education plans of students by age group.

About 74% of the students planned to pursue the field of speech-language pathology, 18% planned to continue in audiology and 8% chose studies in another field. The details by major field of study are illustrated in **Figure 93**.

Some gender differences were noted; over three quarters of the female students (76%) and less than half (44%) of the male students who were interested in furthering their education planned to continue in speech-language pathology, while a higher percentage of males expressed interest in audiology (33% versus 16%), psychology (11% versus 2%) and other fields (11% versus 6%).

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TABLE 29

FUTURE PLANS OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

RESIDENCE	MAJOR	POST-GRADUATION PLANS		
		WORKFORCE	CONTINUE EDUCATION	OTHER
WESTERN CANADA				
British Columbia	SLP (31) AUD (6)	90% 100%	10% -	- -
Alberta	SLP (48) AUD (1)	79% 100%	21% -	- -
Saskatchewan	SLP (18) AUD (6)	78% 83%	22% 17%	- -
Manitoba	SLP (42) AUD (3)	93% 100%	7% -	- -
CENTRAL CANADA				
Ontario	SLP (147) AUD (36)	80% 75%	19% 3%	- 23%
Quebec	SLP (61) AUD (18)	29% 56%	74% -	1% 44%
EASTERN CANADA				
New Brunswick	SLP (23) AUD (6)	74% 67%	26% 17%	- 17%
Nova Scotia	SLP (19) AUD (4)	95% 75%	5% -	- 25%
Prince Edward Island	SLP (3) AUD (-)	100% -	- -	- -
Newfoundland	SLP (11) AUD (-)	91% 100%	19% -	- -
NORTHERN CANADA	SLP (2) AUD (-)	100% -	- -	- -
TOTAL	**SLP (395)** **AUD (81)**	**75%** **75%**	**25%** –	– **25%**

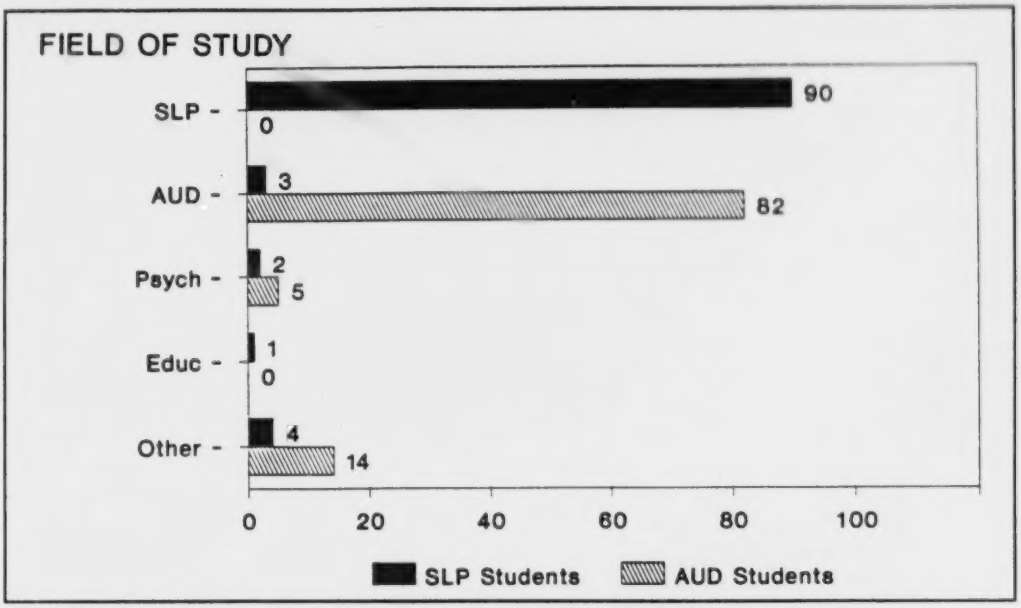

Figure 93. Future education plans of speech-language pathology and audiology students by their present degree program.

3.2.5.2 Sponsorships

Survey findings revealed that 17% of the students were on a sponsorship program; more of the students majoring in audiology (22%) than speech-language pathology (17%) were being sponsored.

TABLE 30 shows that the percentage of students who were sponsored varied by province; Newfoundland and New Brunswick had the highest percentage of their students (58% and 43% respectively) on a sponsorship program, while none of the students from Prince Edward Island and only about 4% of the students from Alberta were being sponsored.

As shown in **Figure 94**, provincial government departments are the largest sponsoring agency with 58% of the students sponsored by the Ministry or Department of Public Health and/or Community Social Services and 11% for a non-specified setting in a province. Hospitals sponsored about 13% of the students, while School Boards accounted for only 1% of the sponsorships. The sponsorships for the remaining 17% were from other sources. The sponsoring agencies within each province and territory were also examined. The findings are summarized in **Figure 95**.

TABLE 30
STUDENT SPONSORSHIPS BY PLACE OF RESIDENCE

LOCATION	NUMBER	MAJOR		
		SLP Students (n = 404)	AUD Students (n = 81)	All Students (n =499)
WESTERN CANADA	**155**	**12%**	**25%**	**14%**
British Columbia	37	19%	17%	19%
Alberta	49	4%	-	4%
Saskatchewan	24	22%	33%	25%
Manitoba	45	12%	33%	13%
CENTRAL CANADA	**264**	**17%**	**17%**	**17%**
Ontario	186	17%	17%	17%
Quebec	78	17%	17%	17%
EASTERN CANADA	**65**	**28%**	**45%**	**34%**
New Brunswick	28	41%	50%	43%
Nova Scotia	22	-	25%	5%
Prince Edward Island	3	-	...	-
Newfoundland	12	55%	100%	58%
NORTHERN CANADA	**3**	**50%**	**100%**	**67%**
Yukon	2	-	100%	50%
Northwest Territories	1	100%	...	100%
TOTAL	**487**	**17%**	**22%**	**22%**

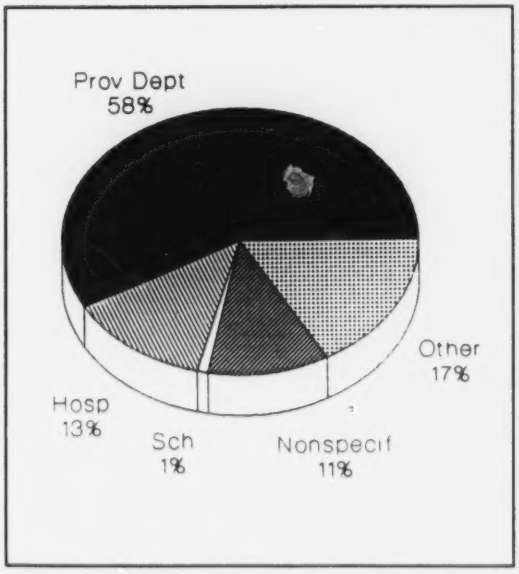

Figure 94. Sponsoring agencies for speech-language pathology and audiology students.

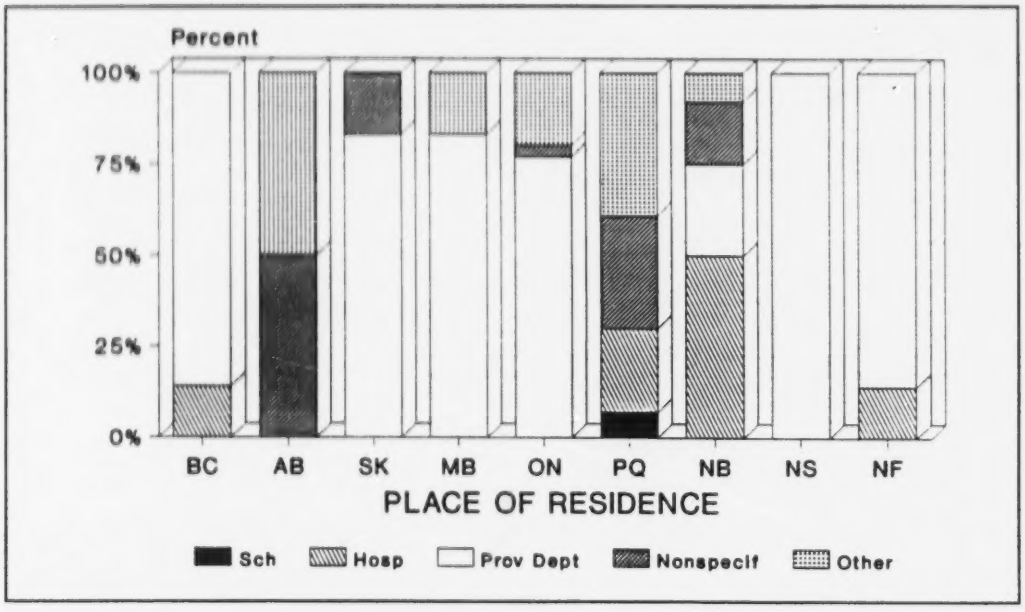

Figure 95. Sponsoring agencies by location.

3.2.5.3 Work Commitments

Approximately 28% of both SLP and AUD students had personal or professional commitments to return to a particular area upon graduation. Those students who were in programs with double majors or had not yet declared their major field of study had significantly fewer commitments (14%). The male students had slightly more commitments (33%) than the female students (27%).

Figure 96 illustrates differences in commitments according to the age of the student. Between 17 to 44% of the students in each of the various age groups had post-graduation commitments of some nature. About one fourth of the students under 25 years of age had personal or professional commitments to a particular area, while 35% of those students who were over 25 years of age had commitments.

TABLE 31 shows that students from the eastern provinces had more commitments (37%) than those from Central Canada (24%) and Western Canada (28%). Those from Newfoundland and New Brunswick had the most commitments (58% and 41% respectively), while only 12% of those from Quebec and 20% from Alberta indicated that they had commitments to a specific area upon graduation.

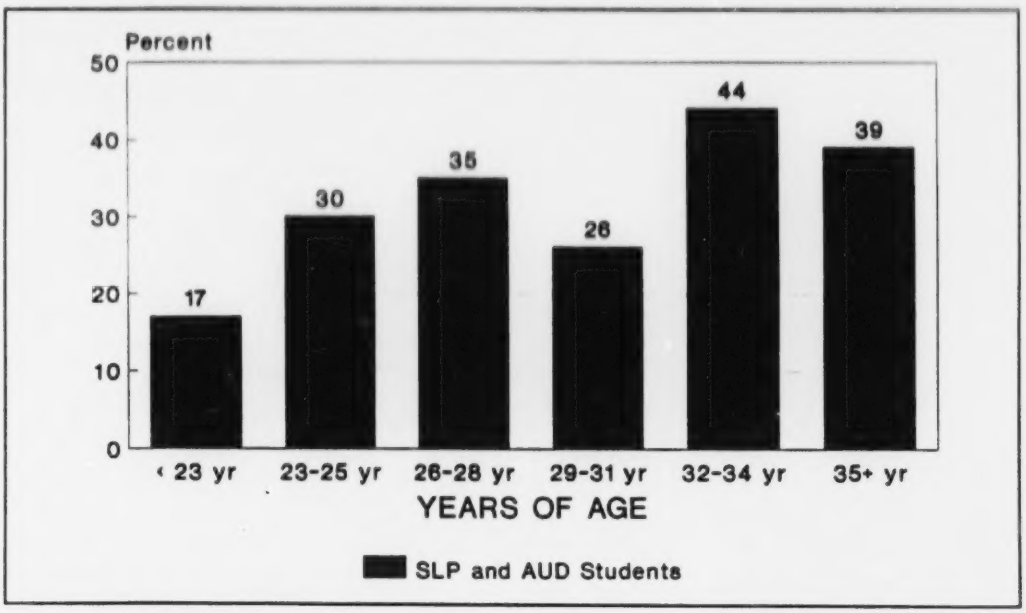

Figure 96. Post-graduation commitments of speech-language pathology and audiology students by age.

TABLE 31

POST-GRADUATION COMMITMENTS OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS BY PLACE OF RESIDENCE

LOCATION	MAJOR FIELD OF STUDY			All Students
	Speech-Language Pathology	Audiology	Undeclared/ Double Major	
WESTERN CANADA	**28%**	**40%**	-	**28%**
British Columbia	39%	50%	-	38%
Alberta	21%	-	-	20%
Saskatchewan	33%	40%	...	35%
Manitoba	26%	33%	-	26%
CENTRAL CANADA	**25%**	**20%**	**22%**	**24%**
Ontario	29%	28%	40%	29%
Quebec	15%	6%	-	12%
EASTERN CANADA	**36%**	**45%**	**...**	**37%**
New Brunswick	39%	50%	...	41%
Nova Scotia	21%	25%	...	22%
Prince Edward Island	33%	...	...	33%
Newfoundland	55%	100%	...	58%
NORTHERN CANADA	**100%**	**100%**	**...**	**...**
Yukon	100%	...	...	...
Northwest Territories	...	...	...	...
TOTAL	**28%**	**28%**	**14%**	**27%**

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When this data was compared with the sponsorship data presented in **TABLE 30** on page 100, it was revealed that 13% of those with commitments to return to a particular upon graduation were not on a sponsorship program and had personal commitments. These were noted to increase with the age of the student.

3.2.5.4 Provinces or Areas

Figure 97 shows the areas where the students stated they would consider applying for employment upon graduation. (The figures are not mutually exclusive since most students chose more than one location.) The large province of Ontario was attractive to the highest percentage of students (58%), while the northern Territories, Newfoundland and Prince Edward Island each attracted interest from only 2 to 4%. Between 21 to 30% of the students were interested in employment in British Columbia (30%), Alberta (26%) and Quebec (21%). About 16% of the students expressed an interest in working in the United States while 3% were interested in employment opportunities overseas.

Figure 98 outlines the interest by gender in each province and the United States. As shown, over half (57%) of the female students and nearly three fourths (73%) of the male students

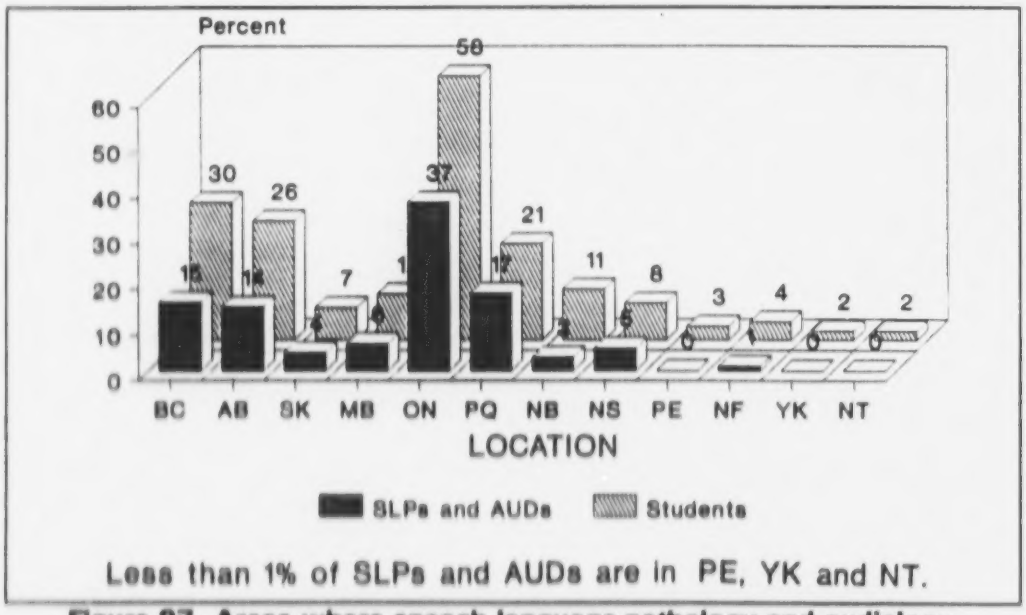

Figure 97. Areas where speech-language pathology and audiology students would consider applying for employment and present percentage of professionals.

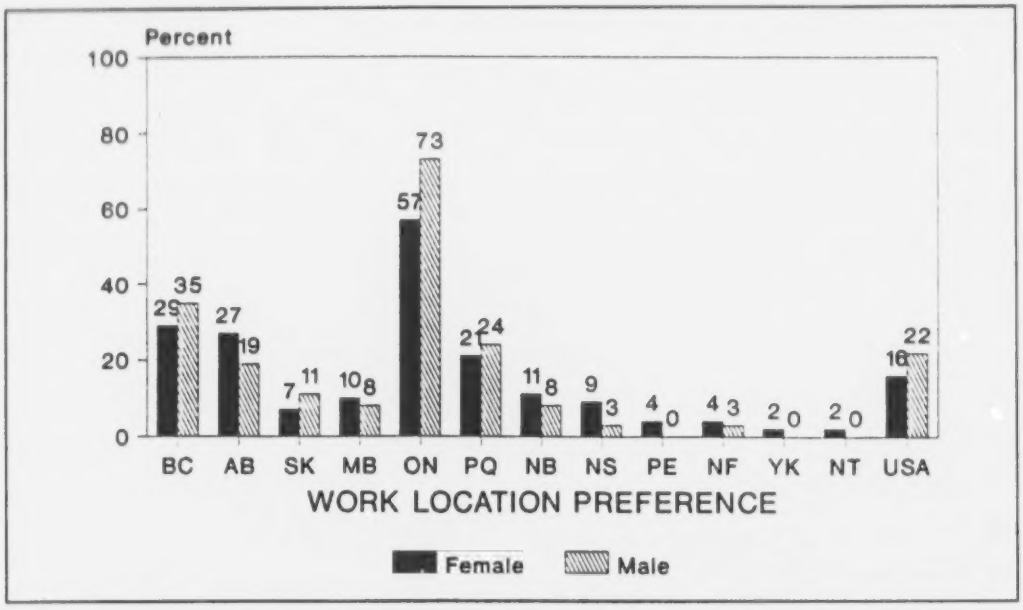

Figure 98. Preferences in work location of speech-language pathology and audiology students by gender.

were interested in employment in Ontario. No males selected Prince Edward Island or the northern Territories. In addition to Ontario, a higher percentage of the males than the females was interested in working in British Columbia (35% versus 29%), Saskatchewan (11% versus 7%), Quebec (24% versus 21%) and the United States (22% versus 16%).

TABLE 32 shows the preference in work location by the age of the speech-language pathology and audiology students. Less than 20% of the students interested in working in Manitoba, Quebec, New Brunswick and Prince Edward Island were over 25 years of age, and between 25 to 34% of the students interested in the other areas were over 25 years of age.

The home province of the students was compared to the province or area where they would consider applying for employment upon graduation. As outlined in **TABLE 33**, the highest percentage of students interested in any province was from that particular province. Manitoba, Saskatchewan and Nova Scotia had the lowest percentage of their own students who were interested in employment in their home province (70%, 75% and 78% respectively), while 83% of the students from Newfoundland, 86% of those from New Brunswick and 93 to 100% from the other provinces were

TABLE 32

PREFERENCE IN WORK LOCATION BY AGE OF STUDENT

RESIDENCE	AGE GROUP					
	< 23	23-25	26-28	29-31	32-34	35+
WESTERN CANADA						
British Columbia	26%	43%	15%	7%	4%	6%
Alberta	32%	42%	11%	6%	3%	5%
Saskatchewan	38%	35%	19%	3%	-	5%
Manitoba	35%	47%	10%	2%	2%	4%
CENTRAL CANADA						
Ontario	28%	44%	18%	5%	3%	2%
Quebec	40%	40%	7%	7%	6%	2%
EASTERN CANADA						
New Brunswick	35%	47%	6%	2%	6%	5%
Nova Scotia	29%	45%	7%	7%	2%	10%
Prince Edward Island	41%	53%	-	-	-	6%
Newfoundland	22%	50%	6%	17%	-	6%
NORTHERN CANADA						
Yukon	20%	50%	20%	10%	-	-
Northwest Territories	36%	27%	18%	9%	-	9%
TOTAL	**26%**	**43%**	**12%**	**7%**	**4%**	**7%**

TABLE 33

AREAS WHERE STUDENTS ARE INTERESTED IN APPLYING FOR EMPLOYMENT UPON GRADUATION BY PLACE OF RESIDENCE

RESIDENCE	PERCENT OF STUDENTS INTERESTED IN APPLYING											
	BC	AB	SK	MB	ON	PQ	NB	NS	PE	NF	YK	NT
WESTERN CANADA												
British Columbia	**93**	33	5	8	25	3	3	3	3	3	5	5
Alberta	47	**96**	10	4	25	6	4	4	2	-	-	-
Saskatchewan	50	58	**75**	17	46	8	-	-	-	-	4	-
Manitoba	52	59	13	**70**	52	9	4	7	2	-	2	9
CENTRAL CANADA												
Ontario	15	8	2	3	**94**	5	4	5	3	2	1	1
Quebec	12	1	-	-	30	**99**	13	1	1	-	-	-
EASTERN CANADA												
New Brunswick	17	17	7	10	41	7	**86**	24	7	10	3	3
Nova Scotia	26	26	-	-	48	9	30	**78**	9	4	4	4
Prince Edward Island	-	-	-	-	-	-	-	-	**100**	-	-	-
Newfoundland	17	17	-	-	33	8	-	-	-	**83**	8	-
NORTHERN CANADA												
Yukon	-	-	-	-	-	-	-	-	-	-	**100**	-
Northwest Territories	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL	**30**	**26**	**7**	**10**	**58**	**21**	**11**	**8**	**3**	**4**	**2**	**2**

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interested in applying for employment in their home province.

Although the number of students is very small, those students from both Prince Edward Island and the Yukon were not interested in employment outside of their place of residence. Students from all other parts of the country were interested in the larger provinces which also had speech-language pathology and audiology university programs (i.e., British Columbia, Alberta, Ontario and Quebec). Some provinces, such as Saskatchewan, appeared to have little appeal to those from outside of the province.

3.2.5.5 Community Settings

More interest was shown for urban centres over rural communities. Over half of the students stated they would consider working in an urban centre, while only one third expressed interest in a rural setting. More SLP (35%) than AUD (21%) students were interested in rural centres. These preferences in community settings are illustrated in **Figure 99** by major field of study and **Figure 100** outlines some differences by gender.

TABLE 34 shows the student preferences by their place of residence.

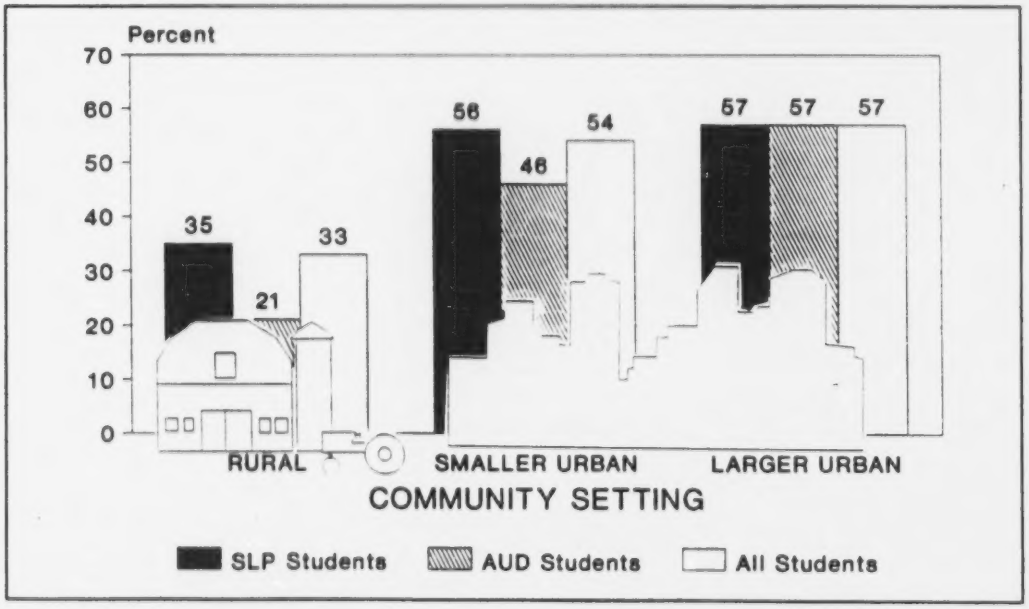

Figure 99. Preference in community settings of speech-language pathology and audiology students by major field of study.

TABLE 34

PREFERENCE IN COMMUNITY SETTING BY PLACE OF RESIDENCE

RESIDENCE	MAJOR	TYPE OF WORK SETTING		
		RURAL	SMALL URBAN	LARGE URBAN
WESTERN CANADA	**SLP (139)**	**48%**	**69%**	**72%**
	AUD (16)	**27%**	**60%**	**93%**
British Columbia	SLP (31)	39%	61%	68%
	AUD (6)	33%	67%	100%
Alberta	SLP (48)	55%	62%	68%
	AUD (1)	-	100%	100%
Saskatchewan	SLP (18)	50%	78%	67%
	AUD (6)	20%	60%	100%
Manitoba	SLP (42)	45%	79%	83%
	AUD (3)	33%	33%	67%
CENTRAL CANADA	**SLP (210)**	**27%**	**45%**	**50%**
	AUD (54)	**22%**	**37%**	**43%**
Ontario	SLP (150)	19%	36%	42%
	AUD (36)	8%	14%	25%
Quebec	SLP (60)	46%	66%	71%
	AUD (18)	50%	83%	78%
EASTERN CANADA	**SLP (54)**	**32%**	**70%**	**46%**
	AUD (11)	**9%**	**73%**	**73%**
New Brunswick	SLP (22)	35%	65%	30%
	AUD (6)	17%	50%	67%
Nova Scotia	SLP (18)	32%	89%	74%
	AUD (4)	-	100%	100%
Prince Edward Island	SLP (3)	67%	33%	-
	AUD (-)	...	...	...
Newfoundland	SLP (11)	18%	55%	45%
	AUD (1)	-	100%	-
NORTHERN CANADA	**SLP (2)**	**100%**	...	...
	AUD (1)	-	...	...
Yukon	SLP (1)	100%	...	...
	AUD (1)	-	...	...
Northwest Territories	SLP (1)	...	...	...
	AUD (-)	...	...	...
TOTAL	**SLP (405)**	**35%**	**56%**	**57%**
	AUD (82)	**21%**	**47%**	**57%**

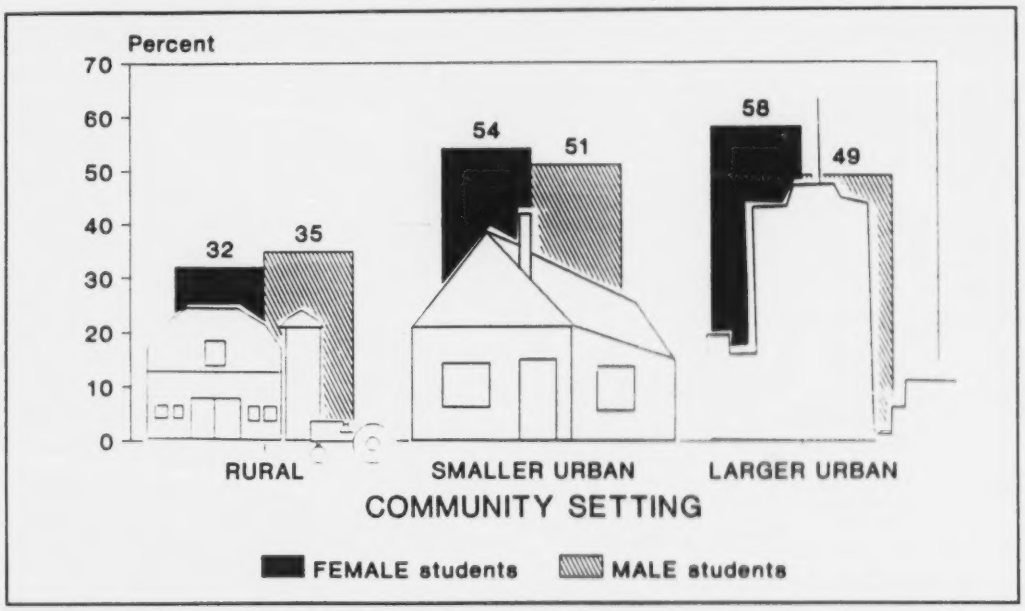

Figure 100. Preference in community settings of speech-language pathology and audiology students by gender.

As revealed, most SLP students from the eastern provinces had a preference for the smaller, rather than the larger, urban centres, while there was no difference among the AUD students. In contrast, most students from the West and Central Canada preferred the larger urban centres.

3.2.5.6 Employment Settings

The majority of students indicated that they would prefer employment in a clinical setting; general or teaching hospitals were the most popular choice (48%), followed closely by a (re)habilitation hospital or centre (47%) and pediatric hospital or centre (43%). School Boards were more preferable employers (50%) than provincial Departments or Ministries of Public Health and/or Community Social Services (42%) as well as specialized health care facilities, such as chronic care centres (13%) or psychiatric hospitals (8%). A private practice setting was a choice made by 28% of the respondents, while university and industrial settings were popular with 12% and 4% respectively. Only 1% of the students indicated that they had an interest in an alternative setting.

Figures 101 and **102** compare and contrast the employment setting

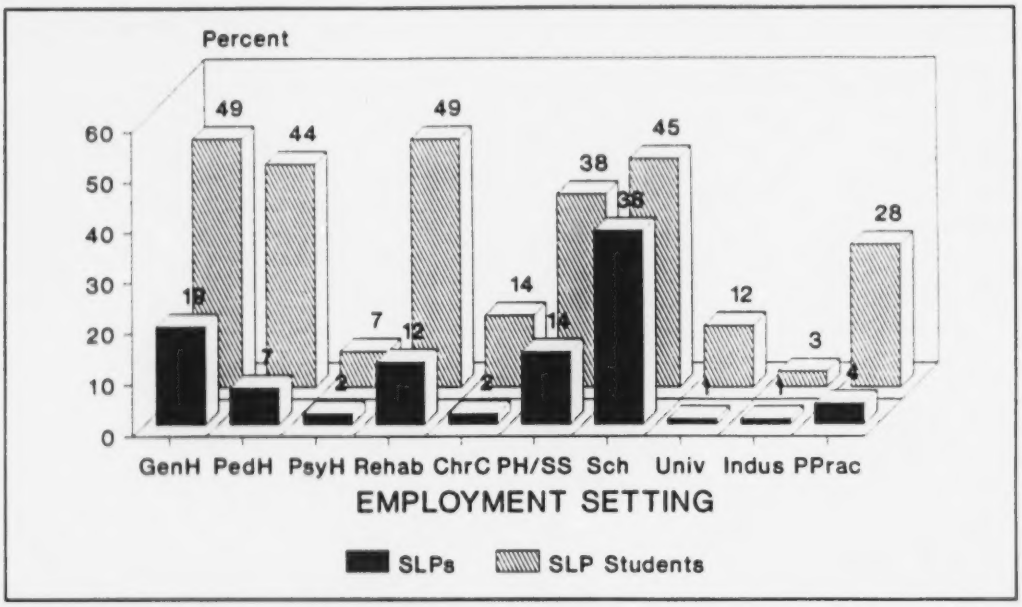

Figure 101. Preference in employment settings of speech-language pathology students compared to percentage of professionals employed in the settings.

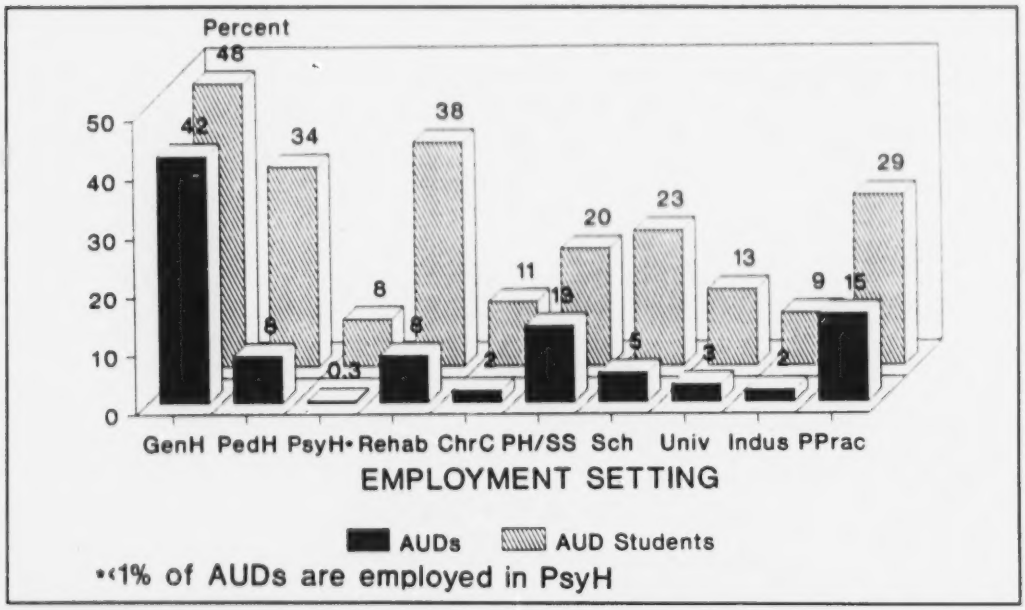

Figure 102. Preference in employment settings of audiology students compared to percentage of professionals employed in the settings.

preferences of SLP and AUD students respectively to the current distribution of professionals. Both SLP students (44 to 49%) and AUD students (34 to 48%) showed a preference for clinical settings. Proportionately more SLP students than AUD students, were interested in applying to School Boards (45% versus 23%) and Ministries or Departments of Public Health and/or Community Social Services (38% versus 20%). As expected, more AUD students (9%) than SLP students (3%) expressed interest in an industrial setting.

Interest in the various employment settings by gender is shown in **Figure 103** below. Significantly fewer male students compared to the female students showed interest in pediatric hospitals or centres (3% versus 44%) or psychiatric hospitals (3% versus 8%). However, a much higher percentage of the male students (27%) were interested in employment opportunities at the universities compared to the female students (10%). Non-traditional settings were also more popular with the males than the females (3% versus 1%).

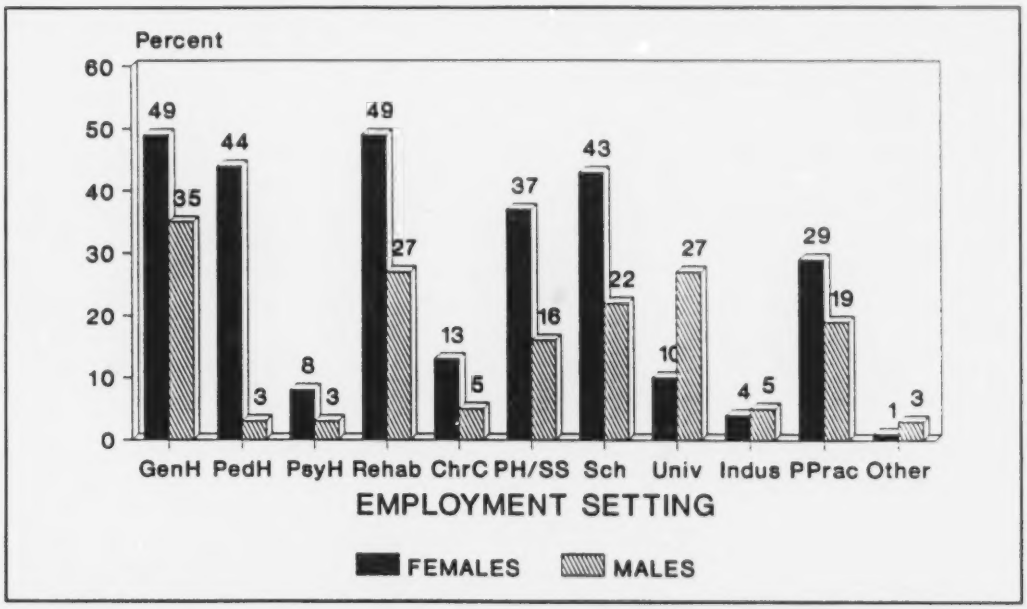

Figure 103. Preference in employment settings of speech-language pathology and audiology students by gender.

4.1 CONCLUSIONS

CONCLUSIONS

4.1 STUDY OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS 113

4.1.1 Discussion 113

4.1.1.1 Purpose of the Study 113
4.1.1.2 Methodology of the Study 114

4.1.2 General Profile 114

4.1.2.1 Profession 115
4.1.2.2 Gender 115
4.1.2.3 Age 116
4.1.2.4 Languages 116
4.1.2.5 Education 117

4.1.2.5.1 Highest Degree 117
4.1.2.5.2 Country Where Educated 118
4.1.2.5.3 Acceptance into a Canadian Program 118

4.1.3 Membership Information 119

4.1.3.1 Professional Association Affiliations 119
4.1.3.2 Scientific and Other Associations 120

4.1.4 Location 120

4.1.4.1 Residence 120
4.1.4.2 Work Setting 120
4.1.4.3 Community Size 122

4.1.5 Work History and Responsibilities 122

4.1.5.1 Employment Status 122
4.1.5.2 Work Experience 123
4.1.5.3 Leaves 123
4.1.5.4 Caseload Distribution 124
4.1.5.5 Age Distribution of Caseload 124

4.1 STUDY OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

4.1.1 DISCUSSION

4.1.1.1 Purpose of the Study

Recent years have witnessed a growth in health and educational services across the country. There has been increased interest in the provision of services to improve the quality of life for all individuals, including those with communication impairments. A discussion regarding the need for service expansion in all of the rehabilitation fields is contained in the Federal/Provincial Report on Rehabilitation Personnel (1988). The following were among factors believed to be contributing to this need for more service in the communication disorders fields:

1) aging of the Canadian population;

2) expectations for a better quality of life;

3) emphasis on promotion of independent living skills;

4) integration practices; and

5) deinstitutionalization efforts.

An attempt has been made in the body of this report to draw out the major demographic trends related to the further development of the professions of speech-language pathology and audiology in Canada. We contend, however, that this report should be viewed as only the first step in an ongoing appraisal of speech-language pathology and audiology in Canada. A thorough examination of the speech-language pathology and audiology services offered in each province and territory and the policies which affect these services is clearly warranted.

Despite the limitations of this study, this report has accomplished its purpose (as outlined in the Introduction). Questions posed regarding trends in the supply of SLPs and AUDs, employment patterns and geographic distribution have all been addressed. An examination of the student data provides the answer to the final question pertaining to projections for the future.

Development of the communication disorders fields will undoubtedly be shaped by government policies. Therefore, it is of paramount importance that those individuals in the planning departments have access to information that will provide them with a thorough understanding of the status of the professions of speech-language pathology and audiology in Canada.

The nature of the services provided

113

to individuals with communication impairments in the United States shows an increase in specialization with specific populations. An indepth examination of service delivery was beyond the scope of the present study and details on service delivery trends in Canada are currently lacking. Measures must be taken to conduct a national study, with the cooperation of government personnel and external expert advisors, to discover the Canadian patterns and ascertain if there are deficiencies in any areas of practice.

There are also some areas of the professions of speech-language pathology and audiology which are addressed by related professionals. It is critical to continued professional growth that other professionals and the public be kept aware of the skills and services of speech-language pathologists and audiologists and that SLPs and AUDs advocate for the provision of speech-language pathology and audiology services (Casby, 1989). CASLPA could offer its members information to share with these people through a marketing program and take a leadership role with SLPs and AUDs in advancing knowledge of human communication and its disorders.

4.1.1.2 Methodology of the Study

Comments received from respondents indicated that a number of practices employed contributed to the higher than expected survey response rate and the high quality of data collected:

1) a stamped return envelope was included;

2) the questionnaire form was simple to complete;

3) the questionnaire required only a few minutes of time; and

4) professionals who were not members of any provincial or the Canadian speech-language pathology and audiology association expressed their delight in being included in the study.

(See **APPENDIX J1** for a sample of comments received.)

Further follow-up and expansion of the present study should be a high priority. Data must be collected in a uniform manner to be valuable for comparative purposes. This activity, however, can not be adequately accomplished by the professionals alone in each province and territory; a national standardized study, shared jointly with government officials and health and educational institutions, is worthy of consideration.

4.1.2 GENERAL PROFILE

The availability of objective information

on speech-language pathologists and audiologists will allow CASLPA to meet many of the data requests of both organizations and individuals. It was assumed that the returns in the present study represented an accurate cross-section of SLPs and AUDs in the country because:

1) the return rate was high;

2) there were few mistakes by respondents in questionnaire interpretation; and

3) the differences in response rates across the country were small.

Program planners, managers and policy makers often collect basic demographic information in an attempt to predict trends and the importance of demography in policy making for labour requirements cannot be understated.

4.1.2.1 Profession

The study results show the clear need in all provinces for a greater number of SLPs and AUDs. Given these recognized shortages, promoting an awareness of service possibilities could serve to encourage the public to exert pressure for more SLPs and AUDs to help fill this void and to better meet the requests to provide services to those with communication impairments.

Results of the statistical tests conducted to compare the CASLPA members with non-members provided proof of the homogeneity of the professionals and support for generalizing responses obtained from CASLPA members to the speech-language pathologists and audiologists across the country. Sampling only the CASLPA members in future demographic studies would result in greater efficiency and cost savings.

4.1.2.2 Gender

The predominance of females in the fields of both speech-language pathology and audiology will continue to create some challenges in staffing. There appears to be a large percentage of female professionals in their childbearing years taking maternity leaves and other temporary leaves of absence to raise their children. This is particularly true in the field of speech-language pathology where there is an extremely high percentage of females.

The effect of part time employment and the use of flexible staffing patterns should be examined. Also, steps to encourage more males to enter the communication disorders fields, especially in the midwestern provinces where this discrepancy is the highest, would help to reduce or offset the effects of this situation. Comments from respondents indicated that many

believed that if there were substantial salary increases, there would be a more equitable distribution of males and females in these fields.

4.1.2.3 Age

It was previously presented that the majority of speech-language pathologists and audiologists in Canada are young professionals. Those holding both degrees tend to be older overall. This difference reflects the change in the educational programs for SLPs and AUDs. The first Canadian programs in these fields offered studies jointly in both disciplines for all students, whereas the current programs offer specialization in each discipline and it is now uncommon for professionals specialized in one of the communication disorders disciplines to pursue their studies in the other related field.

The mean age of the SLPs and AUDs in the eastern provinces is younger than those in the West, especially for the audiologists. There are few of these professionals under 25 years of age, which reflects the longer study period before entering practice. With 75% of Canadian SLPs and AUDs under 40 years of age, it is possible that there will be comparatively few retiring from these fields in the next 20 to 25 years if they choose to work until the traditional retirement age of 65 years. However, a problem may present later if the large group of professionals, now within a 15 year age range, retires within a short time period.

It is also expected that Canada may face more critical shortages if steps are not taken to increase the current numbers of speech-language pathologists and audiologists as the demand for services for individuals with communication impairments continues to rise steadily with an aging population, the effects of advances in neonatal life-sustaining technologies and other factors outlined in Section **4.1.1.1**. This need for more SLPs and AUDs is expected to increase at a faster rate than the need for professionals in other rehabilitation fields (Federal/Provincial Advisory Committee on Health Human Resources, 1988). As mentioned in the previous section, the predominance of females in speech-language pathology and audiology, and many in their childbearing years who are likely to take temporary leaves from their profession, will compound this problem.

4.1.2.4 Languages

At the present time, speech-language pathology and audiology services in Canada are available primarily in English, with the exception of Quebec where French is the dominant language, as it is in that province. Survey results revealed that a significantly higher percentage of audiologists than speech-language pathologists stated they could offer

professional services in both of Canada's official languages. The large discrepancy between the two fields may be at least partially explained by the need for greater fluency in a language to practice in that language without compromising the quality of service for more areas of speech-language pathology than audiology.

If the principle of universal accessibility is to be followed in the communication disorders fields, the needs of those whose mother tongue is neither English nor French must also be explored. There is a pressing need for the establishment of a Task Force to examine the cultural mosaic in Canada and speech-language pathology and audiology service implications due to multiculturalism and multilingualism.

4.1.2.5 Education

4.1.2.5.1 *Highest Degree*

Survey findings revealed that the majority of Canadian SLPs and AUDs hold a Masters degree or equivalent. This may be attributed largely to the fact that most of the Canadian universities and bordering American universities which offer speech-language pathology and/or audiology programs offer Masters degree programs. It is only in those provinces which offer undergraduate degree programs (i.e., Alberta and Ontario) that there is also a higher percentage than the national average of professionals practising with a Bachelor degree as their terminal degree.

The discrepancy between educational attainment of SLPs and AUDs is due to the requirement that a Masters degree be the recognized standard of practice for all audiologists, but not for speech-language pathologists in some work settings. Likewise, one can account for the high percentage of Masters level professionals in Quebec by the requirement in that province that all practising professionals hold a Masters degree.

There is a move in Canada for the Canadian institutions to eliminate the Bachelor degree programs and increase the Masters level enrolment. It is expected this change will result in a gradual increase in the percentage of SLPs holding graduate degrees, especially in the province of Alberta.

The existence of relatively few SLPs and AUDs with doctoral degrees may be partially explained by the limited opportunity to complete doctoral studies in Canada. The University of British Columbia has a doctoral program, but has not graduated any students to date. McGill University's doctoral program has been in existence since 1963, but has graduated a total of only 3 students in speech-language pathology and 1 student in audiology in the past 10 years. Other contributing factors may be the lack of incentives and limited research funding compared to the United

States. As was presented in Section 3.1.2.5.1, the primary employment responsibility of many SLPs and AUDs holding doctoral degrees in Canada is clinical service.

4.1.2.5.2
Country Where Educated

Since as many as 44% of the SLPs and AUDs in Canada completed their studies outside of the country, this indicates an inadequate number of programs in Canada. Many of these professionals had applied to Canadian universities and were refused admittance simply because there were not enough places for them. A serious need for a program in Manitoba is also apparent since the majority of the professionals (83%) from Manitoba left the country to complete their studies in the United States.

Although recent initiatives have been undertaken to expand enrolment at the Canadian universities, the increases have only been modest. The universities must compete with other faculties for grants. Capital development funds are required to provide the costly laboratory facilities needed for the expansion of present or addition of new speech-language pathology and/or audiology programs. (Federal/Provincial Advisory Committee on Health Human Resources, 1988). In addition to financial constraints, the universities have been plagued by shortages of qualified faculty and a limited number of clinical placements for students.

4.1.2.5.3
Acceptance into a Canadian Program

Variations in acceptance rates to Canadian speech-language pathology and audiology programs were noted between SLPs and AUDs in various provinces. That is, the data shows that a higher percentage of professionals in some provinces were accepted to Canadian programs when they were students than those residing in other provinces. No conclusions can be drawn from this data for a number of reasons.

First, it is unknown whether these professionals resided in the same province when they were students. Second, the overall percentage of students applying from provinces with speech-language pathology and audiology programs may have been higher due to greater visibility of these programs than in those provinces without programs. Therefore, it would be more likely that there would have been more refused admittance to a program from these provinces. Finally, the true profile may be masked by the number of students that may have been refused admittance to a program and chosen an alternate career.

A follow-up study by the universities of those students that are not accepted to their programs could provide some valuable information. It would not only be worthwhile to determine how many of the Canadian students that meet the entrance requirements for the Canadian universities and are refused acceptance

because of limited places in their programs, reapply the following year in Canada or pursue their studies in a foreign university that year or the following year, but also, how many choose to pursue an alternate career.

In addition, it would be important to discover whether the students that do not meet the entrance requirements for the Canadian programs pursue their studies outside of Canada in their chosen field. This may have implications for those students if they choose to write the Canadian certification examination in speech-language pathology or audiology after graduation. Further, Canadian consumers have a right to qualified professionals who are familiar with the education and health care systems in their own country. Provincial governments should consider entering into agreements with American universities to enable Canadian students in American programs to complete some of their clinical requirements in Canada to ensure that these students will be better prepared for employment in Canada.

4.1.3 MEMBERSHIP INFORMATION

4.1.3.1 Professional Association Affiliations

In those provinces where there is legislation regulating the professions and requiring membership to the provincial association, such as New Brunswick and Manitoba, SLPs and AUDs are less likely to belong to the national professional association (CASLPA). The cost of membership to CASLPA may be one consideration for SLPs and AUDs in provinces where provincial association membership is required. Therefore, the possibility of cost savings through a joint membership plan may not only be enticing to these individuals, but may also benefit CASLPA in broadening its membership base to help make the association a much stronger and more effective voice for the professionals.

Also, language seems to be a barrier in attracting the francophone contingent from Quebec and New Brunswick to CASLPA. A study designed specifically for the francophone professionals could provide information to CASLPA on their needs and concerns to help CASLPA in its expansion of services in the French language and recruitment of francophone members.

It appears that those professionals who were educated in the United States tend to maintain professional affiliations with ASHA and often do not join the national association in their own country. It may be hypothesized that membership costs to CASLPA are one deciding factor when affiliation with the Canadian association is not well-established, while affiliation with ASHA may have begun when the professional was a student. One implication is for CASLPA to increase its visibility among the Canadian students at

the American universities.

4.1.3.2 Scientific and Other Associations

Survey findings indicated that speech-language pathologists and audiologists are not only active in their own professional organizations, but frequently participate in scientific and other associations. It is also not uncommon for these professionals to be members of more than two associations. Further studies should be conducted to reveal which related associations are the most popular for Canadian SLPs and AUDs. This information could be useful to CASLPA when the Association requires assistance from related groups for some of its activities.

4.1.4 LOCATION

4.1.4.1 Residence

Canada is a large land mass with a total population of about 26 million people. Most SLPs and AUDs are located in the central provinces of Ontario and Quebec. When ratios of SLPs and AUDs to population were examined in Section 3.1.2.1, it was shown that these larger provinces have better ratios than the less populated northern territories and provinces such as Saskatchewan and Newfoundland.

Each province and territory's requirements for SLPs and AUDs must be accurately defined through a detailed manpower study. Key government departments, such as the Departments of Education, Employment and Immigration, Labour, and Health, should become actively involved with the service providers in a comprehensive review. The involvement of the professionals on committees that consider regional needs should also be encouraged due to their familiarity with the services in their own area.

The common practice of measuring service requirements by the number of available budgeted positions is recognized as inappropriate for measuring the level of "need" (Federal/Provincial Advisory Committee on Health Human Resources, 1988). Likely, there are many areas in the country with a need for services, yet no positions exist because they were never created. Thus, the difference between the perceived need (i.e., unfilled positions) and actual need could be significant.

4.1.4.2 Work Setting

Speech-language pathology services are offered in a variety of work settings across the country, while audiology

services remain primarily in institutional settings. Although some audiologists, particularly those in Central and Western Canada, indicated that their positions were community-based with a focus more on aural (re)habilitation, there has been limited expansion of audiological services to non-traditional work settings. This may be attributed to the fact that audiology is a "technology-rich" field (Wood, 1989) and therefore, mobility may be complicated.

There is not an abundance of speech-language pathologists and audiologists working in university settings. An increase in research funding may help to recruit additional faculty necessary for teaching, as well as to support research essential for the advancement of the professions. To ensure that there are sufficient resources to maintain quality educational programs, without even considering the addition of new programs, will require financial support. This will enable the Canadian universities to compete for these scarce human resources, not only with other Canadian institutions and programs outside of the universities that hire individuals with doctoral degrees, but also with the numerous American universities and other institutions.

There appears to be a significantly high percentage of both SLPs and AUDs that supplement their income with part time employment through private practice contracts. However, the limited number that gain their income entirely through this means is relatively low. Since private speech-language pathology and audiology services are not covered by provincial medical plans and most third party insurance plans, these professionals must be self-supporting without government or charitable funds.

Also, the educational background of SLPs and AUDs may be lacking in the areas of business and administrative aspects, which would be vital for starting a private practice. Finally, SLPs and AUDs may not have had much exposure as students to private practice. Any one or all of these factors may be limiting the expansion of private practice.

Implications exist for both CASLPA and the universities. CASLPA could address the continuing education needs of those currently in private practice, as well as for clinicians considering entering private practice. Interest in such topics as: legal aspects, marketing of the professions, financial matters and personnel management should be assessed. The universities could also consider offering courses and practicum experience in private practice.

Recent provincial changes in service delivery responsibility and patterns should be examined and their effectiveness reviewed. Alberta and New Brunswick, for example, are two provinces which now have the responsibility for most school speech-language pathology services, formerly under the Department of Education, now placed under the Department of Health and Community Social Services.

4.1.4.3
Community Size

The percentages of SLPs and AUDs and professional-to-population ratios vary greatly from province to province and from rural to urban centres. The majority of SLPs and AUDs are clustered in the highly populated, central provinces of Ontario and Quebec. In addition, within these provinces, a high percentage of the professionals are in the larger urban centres with populations of over 100,000.

Unfortunately, the data collected in the present study was not sufficient to allow an analysis of variations between regions within provinces. Therefore, the specific requirements of geographic areas are not known. A need exists to investigate the provision of services to all areas and the accessibility of these services. Each province's and territory's requirements for both speech-language pathologists and audiologists must be defined so that steps may be taken to ensure that the numbers and distribution reflect the needs of the population. Data on utilization must be carefully collected with the assistance of the professional groups involved.

In addition, steps should be taken to examine why there are few professionals in low population areas. Some factors may include the professional isolation, geographic isolation and/or a lack of available positions. It is felt that CASLPA, in cooperation with the universities, could play a vital role in developing continuing education opportunities to meet the needs of those professionals working in remote and sparsely populated areas.

4.1.5
WORK HISTORY AND RESPONSIBILITIES

Alexander (1986) stated that communication ability was an important factor to consider in developing and administering community services, educational programs and health care systems. Service responsibility must be examined with any gaps identified in order to provide a comprehensive continuum of care. There is an obvious need to examine gaps in service availability for specific age groups and types of disorders. As discussed, deficiencies in geographic and linguistic areas must also be determined. In addition, the growing sophistication of both speech-language pathology and audiology as professions places more emphasis on the need for specialization with specific populations. The challenge of reducing these inequities lies ahead.

4.1.5.1
Employment Status

Survey findings revealed that most SLPs and AUDs in the country are employed

full time in their field. However, there appears to be a pattern that in those provinces where the profession is "older", part time employment was more common than in provinces with younger and less-experienced professionals. Accurate indications of the trends in speech-language pathology and audiology supply must be done by determining the number of full time equivalent (FTE) speech-language pathologists and audiologists.

A more rigorous analysis than was possible with the present study, done in cooperation with the employing agencies, is indicated. Further, this topic should be monitored to determine if there are any trends in the work patterns of SLPs and AUDs, such as an increase in the number of professionals working part time or job sharing as they get older or during certain periods in their career.

4.1.5.2 Work Experience

The professions of speech-language pathology and audiology are still young in Canada. Most of the SLPs and AUDs have worked 15 years or less. Those professionals possessing both degrees, tended to have more work experience than those who had specialized in one of the communication disorders fields. This difference reflects the change in programs to educate these professionals as outlined in Section 4.1.2.3.

It is difficult to predict whether most of the SLPs and AUDs will work in their field until retirement age, given the small number of professionals currently over 45 years of age. It would seem advantageous to the professions if those currently practising speech-language pathology and/or audiology remain in the field to maintain a strong base of professionals with experience. Factors important for retaining these professionals, such as salary and career ladder options, should be thoroughly investigated and the length of time Canadian SLPs and AUDs stay active in their field should be monitored to note any career change or early retirement patterns. The implications of SLPs and AUDs leaving clinical service for alternate careers are serious for the professions of speech-language pathology and audiology.

4.1.5.3 Leaves

Data collected on leaves showed that females in the childbearing years were the group most likely to take a temporary employment leave. There also seems to be a trend towards more leaves being taken. Many professionals in the older age groups indicated that they had never taken a leave, while nearly half of those midway through their career had taken a leave of absence of at least one year. If this trend continues, there will be a need to look at offering educational upgrading for those that have been out of the field for an extended period. It is felt that the

universities, in cooperation with CASLPA, could develop appropriate re-entry programs to meet the needs of this group.

4.1.5.4 Caseload Distribution

The majority of SLPs and AUDs offer clinical services to clients presenting with a variety of needs, rather than specializing with one disorder. The SLPs, in general, provide limited services in some clinical areas (e.g., aural rehabilitation and swallowing disorders.) Nearly all of the audiologists provide diagnostic audiology services and over two thirds serve those with aural rehabilitation needs, while few work primarily in a more specialized area like vestibular testing.

Some of the reasons why SLPs and AUDs provide these varying amounts of service could include:

1. a higher cost to offer services in some clinical areas;
2. professional interests;
3. lack of professional preparation to work in some of the highly specialized areas; or
4. fewer needs in certain clinical areas.

Thus, the data on service distribution by disorder is not useful without definitive studies to provide specific information on the service needs for each type of communication disorder.

4.1.5.5 Age Distribution of Caseload

Nearly all audiologists and almost half of the speech-language pathologists in Canada work with more than one age group (i.e., preschool children, school age children and adults). Alexander (1986) cited a 1984 MSHA brief to the Manitoba Department of Health in which they stressed that a lack of services for children could have serious academic and economic consequences. He added that the effect of a communication impairment on the life of a child is not fully measurable and the costs to the taxpayer are considerable. Further, he stated that there could be substantial savings if adequate services were available to children in their preschool years.

Likewise, speech, language and hearing disorders can limit the employability of adults and the degree to which they are independent. Alexander (1986) declared that the degree to which [Manitobans] are dependent upon social services is inversely related to their communication ability.

The importance of communication is summarized in Boberg and Kassirer (1983):

159

> *Since communication is central to the individual and his relationship to society, a [communication] disorder may be one of the most disabling of human handicaps. These can affect the social, psychological, educational, vocational and economic spheres of a person's life. The resulting handicap can be disproportionate to the extent of deviation from normal communication behaviour; an apparently minor disorder can constitute a major handicap.*
>
> (p. 101)

Information on age distribution of caseloads is of little value without knowing what the needs for service are for each age range. There is currently no accepted Canadian standard. The Federal/Provincial Advisory Committee on Health Human Resources (1988) indicated that the United States had a staffing ratio twice as favourable as that in Canada for SLPs and AUDs.

Healey (1974) recommended a staffing ratio of one speech-language pathologist for every 2000 school children. Alexander (1986) suggested a ratio of 1:1500 for preschool children, 1:15,000 to 1:35,000 for adults and 1:5000 for the geriatric population. Alexander (1986) cited American research to suggest that 6.6% of the total population has a hearing impairment. This research would suggest that a total of 2.6% of school age children and as high as 49% of adults have hearing disorders.

In addition to their regular employment, a significant number of speech-language pathologists and audiologists see clients through small private practice contracts. It is unknown whether these arrangements may be masking the true needs of a particular population and acting as a "band-aid" solution where shortages of professional personnel exist in the setting or, in contrast, may be providing a good compliment to service already in place and a viable alternative to traditional models of service delivery. Clearly, a comprehensive Canadian study is needed on the incidence and prevalence of communication disorders, and the impact of private practice on the service delivery must be investigated.

Further, it is known that communication disorders increase dramatically with many diseases and conditions associated with advanced age. Therefore, with an aging population, it is likely that in the decades to come, SLPs and AUDs will see more stroke patients, more with swallowing disorders, more with degenerative diseases, as well as more hearing aid users. The task will be to help those affected lead a better quality life. It will thus be necessary to study the effects of the aging population on the need for services and to monitor trends in service provision to the geriatric population. Universities may need to evaluate their curriculum to ensure that future SLPs and AUDs will have the competencies to work with an aging population.

4.2 CONCLUSIONS

CONCLUSIONS

4.2 STUDY OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS 127

4.2.1 Discussion 127

4.2.1.1 Purpose of the Study 127
4.2.1.2 Methodology of the Study 127

4.2.2 General Profile 127

4.2.2.1 Major Field of Study 128
4.2.2.2 Gender 128
4.2.2.3 Age 128
4.2.2.4 Languages 128
4.2.2.5 Education 129

4.2.2.5.1 Current Degree Program 129
4.2.2.5.2 Undergraduate Education 129
4.2.2.5.3 Graduate Education 129
4.2.2.5.4 Country of Preference for Education 130
4.2.2.5.5 Application to Canadian Programs 130
4.2.2.5.6 Application to Multiple Programs 131
4.2.2.5.7 Repeated Applications 131

4.2.3 Membership Information 131

4.2.3.1 Professional Association Affiliations 131
4.2.3.2 Scientific and Other Associations 132

4.2.4 Location 132

4.2.4.1 Residence 132
4.2.4.2 University or College 133

4.2.5 Post Graduation 134

4.2.5.1 Future Plans 134
4.2.5.2 Sponsorships 135
4.2.5.3 Work Commitments 135
4.2.5.4 Provinces or Areas 136
4.2.5.5 Community Settings 138
4.2.5.6 Employment Settings 138

4.2 STUDY OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

4.2.1 DISCUSSION

4.2.1.1 Purpose of the Study

One purpose of this study, as outlined in the Introduction, was to determine if current trends in the fields of speech-language pathology and audiology would continue. The survey of those studying in the fields of speech-language pathology and audiology was used as a tool to probe into many of the same variables examined with the SLPs and AUDs. Responses received on the student survey reflect the interests of a sample of students at one particular point in their education and may not necessarily reflect their interests upon graduation.

The results of this study must also be interpretec with caution because one cannot be certain that the sample of survey respondents is truly representative of the Canadian students in speech-language pathology and audiology programs. This is because:

1) many students were "located" in American programs too late to be included in the study;

2) overall response rate was only about 50%; and

3) a list of the American universities and colleges offering primarily undergraduate level programs was not available at the time of the study. Any Canadian students who may have been enrolled in these programs were inadvertently overlooked.

4.2.1.2 Methodology of the Study

The multiple choice format of the questionnaire was quick and easy for the students to complete and reduced the likelihood of errors in interpreting the responses. Some open-ended questions would have been necessary to determine why specific choices were made. A follow-up study of the students after graduation could provide more data to enable a comparison to be made with the results of the present study. This could show the reliability of student responses for long term planning.

4.2.2 GENERAL PROFILE

Analysis of the results of the study of Canadian students in speech-language pathology and/or audiology programs reveals that the students form a similar

profile to the SLPs and AUDs in Canada with respect to their major field of study, gender, language proficiency, and interest areas. Thus, it does not appear that there will be a sudden shift in composition of the professions.

4.2.2.1 Major Field of Study

The study results revealed that the percentage of Canadian students in speech-language pathology and audiology programs closely paralleled the percentages of these professionals in Canada.

4.2.2.2 Gender

Gender distribution of Canadian speech-language pathology and audiology students appears to approximate the present distribution of professionals in these fields. The disproportionately high percentage of females in these fields will continue unless efforts are undertaken to attract more males into the professions.

4.2.2.3 Age

Survey results revealed that most students at the undergraduate level had entered a program after they had completed the minimal entrance requirements. At the graduate level, many of the students applied more than one year before gaining admittance to a speech-language pathology or audiology program. Further, some students completed advanced level degrees in another field before entering a program.

Thus, the average age of the graduate speech-language pathology and audiology students was often 3 to 5 years older than that of a student who would have completed the minimal entrance requirements of an undergraduate degree. It is clear that a large percentage of Canadian students in the graduate programs, particularly those that have not completed an undergraduate degree in communication disorders, bring considerable experience and expertise in related fields.

The decision to pursue post-graduate studies appears to be made relatively soon after completion of a graduate degree. Most of the respondents in the present study worked only 5 or 6 years in the field before enrolling in a doctoral program.

4.2.2.4 Languages

As expected, the majority of students in the speech-language pathology and audiology programs were anglophone, with the exception of those enrolled at l'Université de Montréal, who were

francophone or bilingual. It appears that there will be a modest increase in the number of SLPs and AUDs that will be able to offer services in French, as a higher percentage of students than those currently in these fields classified themselves as bilingual.

The number of future SLPs and AUDs who will be able to offer services in a minority language is showing a slight decline. Given the increase in individuals with limited English or French proficiency in the country with the growing percentage of immigrant and minority populations, and the increasing demands on speech-language pathologists, in particular, to become involved with this population, it is imperative that service needs for the multicultural and multilingual populations be explored. Implications exist also for the university programs to offer courses to instruct students in methods for assessing and treating this group to ensure that future professionals are better prepared to meet the needs of all individuals with communication impairments, regardless of their cultural and/or linguistic backgrounds.

4.2.2.5
Education

4.2.2.5.1
Current Degree Program

Most Canadian students in speech-language pathology and audiology programs were studying at the graduate level. This may be attributed to the fact that the Canadian universities offer primarily graduate degree programs and only three of the Canadian universities also offer undergraduate programs. Further, most American universities in states bordering Canada offer graduate level degrees. Another reason may be that completion of a graduate degree is increasingly becoming the required minimum educational qualification in most work settings.

4.2.2.5.2
Undergraduate Education

The typical undergraduate background of both speech-language pathology and audiology students was the completion of a Bachelor degree in Arts or Science. Psychology was the most common undergraduate major field of study for the speech-language pathology students, while biology was mentioned most frequently by audiology students. It is hypothesized that the prerequisite requirements of the universities are best met by completion of courses in these areas, since the majority of those students who did not major in these subjects had added notations that they had often completed a minor in these subjects.

4.2.2.5.3
Graduate Education

Some graduate students reported that they had completed another graduate

degree before entering a speech-language pathology or audiology program. It is unknown whether these students completed the additional degrees in an attempt to improve their chances for acceptance to a speech-language pathology or audiology program or whether these were individuals who changed their career plans.

4.2.2.5.4
Country of Preference for Education

The majority of Canadian students at the undergraduate and graduate level indicated a preference to study in Canada, perhaps due to a desire to remain in their own country or for financial reasons, such as the reduced cost to attend a Canadian university. Although a number of students receive financial assistance to pursue their studies, frequently, the amount is inadequate for those that study in the United States. High quality professionals are needed to support the growth and health of the professions of speech-language pathology and audiology in Canada. The government should continue to offer financial incentives to support and encourage qualified students to enter these fields.

Geographic proximity appeared to be another important factor in selecting a university. When province of residence was examined for trends, it became apparent that those students from provinces without university programs in speech-language pathology and audiology were more likely than students from those provinces having these university programs to be interested in pursuing studies in the United States. For some of these students, the American universities would be closer than the nearest Canadian program. Also, when the place of residence of the students at the American universities was examined, it was revealed that most of the Canadians in the United States were attending a university in a state close to their home province.

4.2.2.5.5
Application to Canadian Programs

Although, the majority of Canadian students enrolled in speech-language pathology and/or audiology programs were interested in attending a Canadian university, many chose not to apply. A slightly higher percentage of those in audiology programs, compared to those in speech-language pathology programs, had applied to a program in Canada.

At the doctoral level, the preference for location of studies was the United States. This may be explained by the greater number of choices in programs and specialization areas in the United States, as well as by the limited funding for research grants offered in Canada compared to the United States. The cost to study in the United States may not be such a critical factor for the doctoral students since more funding is generally available to them through teaching assistantships and grants through the universities.

4.2.2.5.6
Application to Multiple Programs

There was a high percentage of students who applied to more than one university, especially at the graduate level. This may be because of the students' awareness of the limited number of places and their attempt to increase the likelihood of their acceptance to a program in their chosen field.

Those in the older age groups, however, were least likely to apply to more than one program, possibly due to family or other commitments making it more difficult for them to relocate. Also, students from those provinces with their own graduate programs tended to be less likely to apply to several programs than students from those provinces without a university program.

4.2.2.5.7
Repeated Applications

The data also revealed that a number of students that applied more than one year to gain admittance to a speech-language pathology or audiology program. This, again, shows the limited number of places available for students to study in these fields.

Until 23 to 25 years of age, the percentage of students applying more than one year was high, but then dropped after that point. This may indicate that the students who are "older" either are more likely to be accepted and therefore do not reapply or, alternatively, students beyond a certain age may choose an alternate career if they are not accepted, rather than waiting and reapplying. This finding warrants further investigation.

4.2.3
MEMBERSHIP INFORMATION

4.2.3.1
Professional Association Affiliations

It was more common for those studying at an advanced level (i.e., Masters or doctoral degree) to hold membership in a professional association than those at an introductory level of education (i.e., Bachelor degree). Over half of the students at the graduate and post-graduate level were members of at least one professional association, while over half of the students at the undergraduate level had no professional affiliations. It is believed that the ties to the profession have not yet been established with students at the undergraduate level, while for those at the graduate and post-graduate levels, many have worked in their professions and were interested in maintaining ties with their professional associations to keep them abreast of trends and news in their field.

Canadian students attending American universities were much more likely than those studying in Canada to affiliate with

ASHA, while it was more likely for the students studying in Canada to hold membership to CASLPA and/or a provincial association. Clearly, it is advantageous to CASLPA as a national organization to maintain a large membership base which is representative of the SLPs and AUDs in the country. As was pointed out previously, many of the Canadians who graduated from American universities choose to maintain their affiliation with ASHA rather than CASLPA.

Membership recruitment at the American universities is indicated to draw Canadian students into professional associations in Canada. It is possible that by beginning their affiliations with Canadian associations while students, they will become interested in the affairs of the association and will choose to maintain their membership upon graduation. The creation of an enticing full membership package is also worthy of consideration for CASLPA and those provincial associations in which membership is optional for working professionals.

4.2.3.2
Scientific and Other Associations

As mentioned, membership to scientific and other associations was more common with those at the advanced level of study. Relatively few students at the undergraduate level indicated membership to a scientific association. Again, it may be hypothesized that those holding membership to scientific or other associations were professionals who had worked in the field or individuals with expertise in a related field who were interested in a specialized area or issues addressed by the association.

4.2.4
LOCATION

4.2.4.1
Residence

The place of residence of Canadian students enrolled in speech-language pathology and audiology programs showed a disproportionately low number from those provinces where there are no programs in speech-language pathology and/or audiology and a high percentage, compared to population size, from Central Canada. Since findings from the present study revealed that students were more likely to consider employment in their home province, it would be important to ensure that those provinces facing the most critical shortages offer incentives to encourage students from their area to consider careers in speech-language pathology and/or audiology.

Students from more than half of the provinces and the two territories must leave their home province to pursue a career in the communication disorders fields. They may apply to universities in

British Columbia, Ontario, Quebec and Nova Scotia for audiology programs and to these provinces and Alberta for speech-language pathology programs. Students with permanent residence outside of these provinces who were studying in these provinces quite often showed an interest in remaining in these provinces after graduation. Likewise, those that were studying in the United States, typically showed a desire to apply for employment there. In addition to government agencies offering incentives to bring these students back to those provinces without university programs, they should collaborate with the universities to develop clinical externship programs to help attract students to their areas.

The linguistic reality of francophones was reflected in the fact that only 6% of the students from Quebec were studying in the United States. Clearly, francophone students are at a distinct disadvantage in terms of the number of university options, with l'Université de Montréal offering the only francophone speech-language pathology and audiology program in North America.

In those provinces where there are no programs, as high as 83% of the professionals were educated in the United States (as was previously outlined in Section **4.1.2.5.2**). At the present time, the midwestern provinces of Saskatchewan and Manitoba, which lack their own programs, continue to send over 75% of their students out of the country! Comments from students indicated their dissatisfaction and disappointment in going to the United States. (The interested reader is referred to **APPENDIX J2** which contains a sample of student comments clearly outlining the essence of feelings towards the issue of completing their studies outside of Canada.)

4.2.4.2 University or College

By all available data, Canada appears to be ill-prepared to meet its needs to supply the country with SLPs and AUDs. National shortages have been predicted to increase, according to the "most likely scenario", with annual growth in the professionals not expected to keep up with the service requirements, despite the expansion in the university programs (Federal/Provincial Advisory Committee on Health Human Resources, 1988).

There is no lack of qualified applicants to the Canadian universities; only a 12.3% acceptance rate was reported in 1986 (Federal/Provincial Advisory Committee on Health Human Resources, 1988). The seven universities offering programs cannot educate a sufficient number of students to fill the demand and approximately half of all students go to the United States to study because there are simply not enough places for them in the Canadian universities.

Further, it was reported in the Federal/Provincial Report on Rehabilitation

Personnel (Federal/ Provincial Advisory Committee on Health Human Resources, 1988) that a high number of foreign SLPs and AUDs (i.e., almost 50% of the annual output of the Canadian universities) come to Canada through the employment authorization route as selected landed immigrants or temporary workers. Comparative figures were reported to be significantly less for both physiotherapy and occupational therapy at 27% and 15% respectively.

When one examines which American universities have Canadian students and the province of residence of these students, there appears to be a strong geographic factor in effect. Of the 13 states which border Canada, 11 had Canadian students registered in the winter semester of 1989 and a total of 65% of all of the Canadian students in the United States were studying at universities located in these states. Universities in the bordering states of North Dakota, New York and Washington had the highest number of Canadians enrolled in either their speech-language pathology and/or audiology programs. In general, the American universities attracted the most Canadians from their neighbouring provinces.

The seven Canadian universities seemed to enrol students principally from the province in which they are located or, in the case of Dalhousie University and McGill University, from their neighbouring provinces as well. Financial and cooperative arrangements exist between some provincial governments and the universities offering speech-language pathology and audiology programs. For instance, l'Université de Montréal offers 5 places for Ontario students and 2 places for New Brunswick students each year.

4.2.5
POST GRADUATION

Post-graduation plans are tentative and must be interpreted with caution. However, it does appear from the results obtained from the present study that, at least for the short term, there will not be major changes in the distribution of speech-language pathologists and audiologists in the country.

4.2.5.1
Future Plans

The majority of graduate and post-graduate students indicated they wanted to enter the work force immediately upon graduation in the field in which they were being educated. Nearly all of the undergraduate students, however, expressed a desire to continue their studies in speech-language pathology or audiology. The educational level of SLPs and AUDs in Canada is predicted to change since a graduate degree is becoming the standard not only for employment in many work settings, but also being promoted by CASLPA. In

1992, it will become a requirement to have completed a graduate level degree in speech-language pathology or audiology in order to write the certification examination of the national association. The decision to pursue a career in speech-language pathology or audiology or to complete an advanced degree in a communication disorders field, rather than pursue an alternate career, indicates the students' high satisfaction with their chosen field.

4.2.5.2 Sponsorships

A number of students from provinces with shortages of speech-language pathologists and audiologists, such as New Brunswick, indicated they had financial commitments to work in a particular location upon graduation. However, the response to this question must be treated cautiously as the sponsorships reflect those of the student and are not necessarily from the province of which the student was a resident. Further investigation is needed to determine which provinces are offering sponsorships and other return-of-service commitments and whether these are to their own students or available to anyone with a desire to work in that province.

It appears that many students will begin employment in an underserved location due to financial commitments such as a sponsorship or bursary. The long term retention rates of those professionals will need to be examined for effectiveness of the recruitment program. These programs will only be a temporary solution to a long term problem if efforts are not made to then retain these individuals after they have gained valuable clinical experience while fulfilling their work commitment.

As outlined, financial incentives for students to become SLPs and AUDs should continue. However, caution must be taken regarding the American universities for which funding is made available to attend, because the curriculum of some American universities is significantly different from that in the Canadian programs (Wood, 1989). In addition, other programs for recruitment and retention should be considered since individual financial incentives may not be the only answer for recruitment (Federal/Provincial Advisory Committee on Health Human Resources, 1988).

Financial assistance or other incentives should also be made available to encourage the Canadian doctoral students who complete their studies in the United States to return to Canada. This would help to attract qualified faculty to work at expanded or new Canadian university programs.

4.2.5.3 Work Commitments

The majority of the students with work commitments due to financial arrange-

ments were at the graduate level. The most common provinces of residence were Newfoundland and New Brunswick. Students indicated that governments in these provinces offered sponsorship and incentive rebate programs to help recruit professionals to their area.

Personal commitments appear to increase as the age of the student increases. Few students who were young had personal commitments to return to a particular province, while many of the "older" students indicated that they were more limited in where they would be applying for employment after graduation.

4.2.5.4 Provinces or Areas

The trend seems to be for students to be most interested in applying for positions in their home province and to the province in which they are attending university. Those students studying at a university in the United States were also more likely than those who were in Canada to indicate that they were interested in applying upon graduation for a position in the United States.

A large number of students, not only from British Columbia, Alberta, Ontario and Quebec, but also from outside of these provinces indicated an interest in seeking future employment in these provinces. This may be attributed to several factors.

First, because of their larger size, they have more positions than the smaller provinces, as well as a number of specialized centres which do not exist in the smaller provinces. Also, since these provinces have their own speech-language pathology and/or audiology program(s), the students who were attending these universities would have completed clinical placements at facilities in these provinces and many would be interested in returning to those facilities in which they had gained some familiarity or with those individuals with whom they had made professional contacts. Further, the larger centres and universities may have research opportunities, unavailable in smaller centres; these may be particularly attractive to those inclined in that direction.

Students from nearly all provinces in the country appeared to be attracted to employment in New Brunswick. At a time when there were numerous open positions in this province, the provincial government attempted to resolve the problem by creating an incentive rebate program which could be financially alluring for new graduates. For those more independent individuals without ties to a particular location and seeking experience with a wide variety of disorders, these positions would be attractive. They also offer a clinical challenge not afforded in large centres where one generally has the support of professional supervision and opportunities to work with other staff.

A relatively high number of provinces

had students expressing an interest in employment in the northern territories. Similar to New Brunswick, financial incentives, as well as higher salaries and excellent benefits, may be attractive to new graduates without commitments. Also, the Yukon and Northwest Territories would offer a unique cultural experience for those looking for an "adventure".

In contrast, comparatively few from outside of Newfoundland expressed an interest in applying for employment in that province. This is probably due to its geographical isolation from the rest of the country. Those few from out of province that were interested in Newfoundland may be interested in sampling the unique culture that Newfoundland offers. While students from most provinces indicated interest in areas outside of their home province, those few from Prince Edward Island and the Yukon did not express any interest in employment in other areas.

Factors which may serve to limit the number of students interested in applying to the large province of Quebec are language restrictions and the current political instability in that province. Steps may need to be taken to expand opportunities for francophones to be educated in speech-language pathology and audiology, as over 76% of those interested in applying for positions in Quebec are from that province and most of these individuals were being educated within Quebec. With only one francophone program in Canada, opportunities are more limited for this group.

Another factor which may reduce the number of individuals applying for employment in a particular province may be the organization of the profession in that province. For example, centralization of hospital services in Nova Scotia, although viewed as highly effective in maintaining services in all areas of the province, may be felt to offer limited opportunities for work location selection for the new graduate, thereby discouraging some potential applicants.

Strong recruitment efforts will be necessary to attract SLPs and AUDs to areas which remain currently in need of qualified professional services. Provinces such as Newfoundland and Saskatchewan which have among the highest SLP and AUD-to-population ratios respectively, also had relatively few students, aside from those with work commitments, who expressed an interest in applying for positions in those areas. It is critical that these provincial governments recognize this fact, as well as the absence of university programs in their province, and take steps to improve the situation.

Although older students appeared to have more commitments than the younger students, there was not a significant difference according to the age of the students as to which areas they would apply for employment, aside

from those over 25 years of age showing little interest in employment in Prince Edward Island, New Brunswick or Manitoba.

4.2.5.5 Community Settings

The majority of speech-language pathology and audiology students indicated a preference for employment in an urban centre. This is not surprising when one considers that:

1) the majority of positions are within the major centres;

2) the speech-language pathology and audiology programs are only offered in larger cities in Canada and predominantly in larger cities in the United States; and

3) many of the student clinical placements are in settings close to the universities in urban areas.

4.2.5.6 Employment Settings

Some open-ended questions would have been required to determine why the students indicated a preference for specific employment settings. Those that were the most popular included hospitals and schools; community-based settings and specialized institutions were less popular overall. Private practice settings also appear to be attractive employment options among the students. Since private practice is still a relatively new area for SLPs and AUDs in Canada, it is somewhat surprising that 28% of the students considered this to be a viable option upon graduation.

The need for an advanced degree to work in a university setting may be one factor accounting for the limited interest in universities. But, even among those studying at the post-graduate level, little interest was expressed in going to work in a Canadian university, although much higher interest was expressed in remaining at an American university. Again, limited research opportunities for Canadians and the lack of some of the other incentives available in the United States may be factors serving to limit the number of professionals with doctoral degrees in Canada.

5.0 RECOMMENDATIONS

RECOMMENDATIONS

1) NEEDS STUDY 139

2) SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY SERVICES 139

a) Improve Accessibility 139
b) Service Provisions 139

3) FORMATION OF RESEARCH GROUP 140

4) DEVELOPMENT OF PROFESSORS AND LECTURERS 140

5) EDUCATION OF STUDENTS 140

a) Program Expansion and Creation of New Programs 140
b) Funding of Students 140

6) ACCESSIBLE DATA BASE 140

7) FOLLOW-UP DEMOGRAPHIC STUDIES 141

8) DISSEMINATION OF INFORMATION 141

RECOMMENDATIONS

1) **IN RECOGNITION OF:**

a) the need for adequate Canadian information on the prevalence and distribution of individuals with communication impairments and the nature of services provided

and

b) the need to provide a basis for the realistic long term planning of services for those with communication impairments,

IT IS RECOMMENDED THAT:

a national needs study be undertaken to make recommendations regarding speech-language pathology and audiology services in Canada; attention should be given to future needs and ways of providing an adequate number of professionals to meet these needs.

2) **IN RECOGNITION OF:**

a) the rights of all individuals with communication impairments to receive professional speech, language and audiology services

and

b) the detrimental effects of unmet needs on both the individual and society,

IT IS RECOMMENDED THAT:

provincial governments recognize a responsibility to ensure that all individuals with communication impairments, regardless of age, cultural background, geographic location or language, have access to appropriate professional services

and

government program planners make adequate provisions for speech-language pathology and audiology services.

3) **IN RECOGNITION OF:**

a) the importance of sound research to support rational decision making regarding health services;

b) the need for expertise in the areas of epidemiology and statistics;

and

c) the importance of government involvement in light of Recommendations **1** and **2** above,

IT IS RECOMMENDED THAT:

a government-funded research group be established with representation invited from CASLPA membership to study the nature and needs of individuals with communication impairments in Canada.

4) **IN RECOGNITION OF:**

a) the existence of comparatively few professionals with doctoral degrees in Canada

and

b) the fact that a shortage of professionals with doctoral degrees to teach speech-language pathology and audiology courses may jeopardize possibilities of program expansions or opening of new programs,

IT IS RECOMMENDED THAT:

university program staffing needs be considered a priority with steps taken to foster the development of a core of professors and lecturers in speech-language pathology and audiology for both of Canada's official language groups.

5) **IN RECOGNITION OF:**

a) the currently inadequate number of places for students in speech-language pathology and audiology programs in Canada

and

b) the need for a large number of Canadian students to be educated outside of Canada,

IT IS RECOMMENDED THAT:

consideration be given to ways of expanding existing speech-language pathology and audiology programs and creating new programs in Canada

and

funding authorities and government agencies provide financial support to educate students both in Canadian speech-language pathology and audiology programs and in recognized programs outside of Canada.

6) **IN RECOGNITION OF:**

a) the importance of the availability of demographic information for the implementation and further development of services for individuals with communication impairments and for the identification of trends in the fields of speech-language pathology and audiology

and

b) the ongoing need to meet the data requests of organizations and individuals,

IT IS RECOMMENDED THAT:

CASLPA National Office, in conjunction with the Demographics Committee, develop and maintain an accessible and up-to-date data base.

7) **IN RECOGNITION OF**:

a) the conclusion that CASLPA non-members are not significantly different from CASLPA members

and

b) the high costs and difficulties involved in conducting large scale studies of all speech-language pathologists and audiologists in Canada,

IT IS RECOMMENDED THAT:

future demographic follow-up studies conducted by the CASLPA Demographics Committee include CASLPA members only and that the findings be generalized to all speech-language pathologists and audiologists in Canada.

8) **IN RECOGNITION OF**:

the importance of having the key stakeholder organizations in service delivery to individuals with communication impairments aware of the present status of speech-language pathology and audiology in Canada,

IT IS RECOMMENDED THAT:

CASLPA ensure that the findings of the present report are disseminated on a national basis to stimulate thought and serious discussion.

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APPENDICES

APPENDICES

A. ADDRESSES 145

B. QUESTIONNAIRES 149

C. OBTAINING SURVEY PARTICIPATION 165

D. SEARCH FOR CANADIAN STUDENTS 167

E. UNIVERSITIES AND COLLEGES OFFERING A SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY PROGRAM 173

F. REVISED SURVEY CATEGORIES 183

G. LANGUAGES SPOKEN BY SURVEY RESPONDENTS 185

H. ASSOCIATION AFFILIATIONS OF RESPONDENTS 187

I. UNDERGRADUATE EDUCATION 191

J. SELECTION OF COMMENTS RECEIVED 197

APPENDIX A

APPENDIX A

ADDRESSES 145

A1. Canadian Speech-Language Pathology and Audiology Associations 145

A2. Canadian University Programs in Speech-Language Pathology and Audiology 147

CANADIAN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY ASSOCIATIONS[a]

BRITISH COLUMBIA ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

222 - 4585 Canada Way
Burnaby, British Columbia
V5G 4L6

Telephone: (604) 294-1886
FAX: (604) 294-9191

MANITOBA SPEECH AND HEARING ASSOCIATION

c/o Deaf Centre Manitoba
#321 - 285 Pembina Highway
Winnipeg, Manitoba
R3L 2E1

Telephone: (204) 453-4539
FAX: -

SPEECH-LANGUAGE-HEARING ASSOCIATION OF ALBERTA

P.O. Box 86
Main Post Office
Edmonton, Alberta
T5J 2G9

Telephone: (403) 436-1763
FAX: -

ONTARIO ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

410 Jarvis Street
Toronto, Ontario
M4Y 2G6

Telephone: (416) 920-3676
FAX: (416) 920-6214

SASKATCHEWAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

#2 - 2241 Smith Street
Regina, Saskatchewan
S4P 2P5

Telephone: (306) 757-3990
FAX: -

CORPORATION PROFESSIONELLE DES ORTHOPHONISTES ET AUDIOLOGISTES DU QUÉBEC

4770, Boulevard de Salaberry
Montréal, Québec
H4J 1H6

Telephone: (514) 332-9090
FAX: -

NEW BRUNSWICK ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

P.O. Box 2508
Saint John, New Brunswick
E2L 4S8

Telephone: -
FAX: -

NEWFOUNDLAND ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

P.O. Box 8201
Station "A"
St. John's, Newfoundland
A1B 3N4

Telephone: -
FAX: -

SPEECH AND HEARING ASSOCIATION OF NOVA SCOTIA

P.O. Box 775
Station "M"
Halifax, Nova Scotia
B3J 2V2

Telephone: (902) 423-9331
FAX: -

YUKON ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

39 Cedar Crescent
Whitehorse, Yukon
Y1A 4P2

Telephone: -
FAX: -

PRINCE EDWARD ISLAND SPEECH AND HEARING ASSOCIATION

c/o Department of Health and Social Services
P.O. Box 2000
Charlottetown, Prince Edward Island
C1A 7N8

Telephone: -
FAX: -

*There is no Speech-Language Pathology and Audiology Association in the Northwest Territories. Speech-language pathologists and audiologists from the Northwest Territories are associated with their bordering province of Alberta (Speech and Hearing Association of Alberta).

CANADIAN UNIVERSITY PROGRAMS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

English Programs:

UNIVERSITY OF BRITISH COLUMBIA

School of Audiology and Speech Sciences
5804 Fairview Avenue
Vancouver, British Columbia
V6T 1W5

Telephone: (604) 228-5591

Degree Programs:
SLP: M.Sc., Ph.D.
AUD: M.Sc., Ph.D.

UNIVERSITY OF ALBERTA

Department of Speech Pathology and Audiology
2 - 70 Corbett Hall
Edmonton, Alberta
T6G 2G4

Telephone: (403) 432-5990

Degree Programs:
SLP: B.Sc.[a]
AUD: -

UNIVERSITY OF WESTERN ONTARIO

Department of Communicative Disorders
Elborn College
London, Ontario
N6G 1H1

Telephone: (519) 661-2001

Degree Programs:
SLP: B.Sc.(CD), M.Cl.Sc., M.Sc.
AUD: M.Sc.

UNIVERSITY OF TORONTO

Faculty of Medicine
Graduate Department of Speech Pathology
88 College Street
Toronto, Ontario
M5G 1L4

Telephone: (416) 978-2770

Degree Programs:[b]
SLP: M.H.Sc.
AUD: -

MCGILL UNIVERSITY

School of Human Communication Disorders
Beatty Hall
1266 Pine Avenue West
Montreal, Quebec
H3G 1A9

Telephone: (514) 398-4137

Degree Programs:
SLP: M.Sc.(Appl), Ph.D.
AUD: M.Sc.(Appl), Ph.D.

DALHOUSIE UNIVERSITY

School of Human Communication Disorders
5599 Fenwick Street
Halifax, Nova Scotia
B3H 1R2

Telephone: (902) 424-7052

Degree Programs:
SLP: M.Sc.
AUD: M.Sc.

French Program:

UNIVERSITÉ DE MONTRÉAL

École d'orthophonie et d'audiologie
Faculté de médecine
Pavillon Marguerite d'Youville
Case postale 6128, Succ. A
Montréal, Québec
H3C 3J7

Telephone: (514) 343-7841

Degree Programs:
SLP: B.Sc.[c], MOA, Ph.D.[d]
AUD: B.Sc.[c], MOA, Ph.D.[d]

[a]Approval was granted in the summer of 1990 to phase out the undergraduate program by 1992. A new graduate speech-language pathology program (M.S.P.A.) will graduate its first students in 1993.

[b]Prior to 1979, the graduate Master of Health Science (M.H.Sc.) program in Speech-Language Pathology at The University of Toronto was called Diploma in Speech Pathology (D.S.P.).

[c]Although students graduate with a Bachelor degree in Speech-Language Pathology and Audiology, this is not considered a terminal degree and they must complete a graduate degree to be permitted to work in the province of Quebec.

[d]Doctoral program in Biomedical Sciences offered.

APPENDIX B

APPENDIX B

QUESTIONNAIRES 149

B1. SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS IN CANADA/ORTHOPHONISTES ET AUDIOLOGISTES AU CANADA 149

B2. CANADIAN STUDENTS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY/ÉTUDIANT(E)S CANADIEN(NE)S EN ORTHOPHONIE ET AUDIOLOGIE 156

B3. Short version of: CANADIAN STUDENTS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY 164

THE CANADIAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
L'ASSOCIATION CANADIENNE DES ORTHOPHONISTES ET AUDIOLOGISTES

CASLPA/ACOA Demographics Committee
c/o Dept. of Health & Community Services
P.O. Box 5001, Moncton, N.B., E1C 8R3

November 1st, 1988

Dear Colleague:

The CASLPA/ACOA Demographics Committee is gathering information from speech-language pathologists and audiologists in Canada to create a profile of our professions. The attached questionnaire is being provided for you to complete as our tool for this purpose and as our initial step towards developing a comprehensive data base. The survey has been piloted with a sampling of speech-language pathologists and audiologists. It has been determined that it requires less than three minutes of your time.

Presently, available data related to our fields is limited. Your contribution to this study will enable us to expand our data base and respond to inquiries from individuals both within and outside of our professions.

Information received will be treated by the Demographics Committee as confidential material. Statistical analysis will be completed only on a provincial and national basis.

This data will help us to determine the current status of speech-language pathology and audiology in Canada in order to identify trends in our fields. The information gathered will be compiled for the CASLPA/ACOA Conference 1989 and will be made available to all CASLPA/ACOA and provincial association members through their National Councillor and through the CASLPA/ACOA National Office.

It will be appreciated if you will complete the questionnaire prior to **November 25th, 1988** and return it in the addressed envelope provided. Thank you in advance for your cooperation.

Sincerely,

Rhonda Rubin, Chair
CASLPA/ACOA Demographics Committee

(français au verso)

THE CANADIAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
L'ASSOCIATION CANADIENNE DES ORTHOPHONISTES ET AUDIOLOGISTES

Comité de démographie de CASLPA/ACOA
c/o Ministère de Santé et Services Communautaires
C.P. 5001, Moncton, N.-B., E1C 8R3

le 1er novembre 1988

Chèr(e) collègue:

Le Comité de démographie de CASLPA/ACOA est en train de recueillir des renseignements auprès des orthophonistes et des audiologistes du Canada en vue de créer un profil de nos professions. Vous trouverez ci-joint un questionnaire à compléter. Ce questionnaire constitue la première étape vers le développement d'une banque de données plus systématique. Un sondage a été effectué et il a été déterminé qu'il faut environ trois minutes pour le compléter.

Présentement, les données disponibles se rapportant à nos professions sont limitées. Votre contribution à cette étude va nous permettre d'augmenter nos données de base et de répondre aux questions d'individus provenant de nos professions ou autres.

L'information reçue sera traitée confidentiellement par le Comité de démographie. Les analyses de statistiques vont être effectuées seulement sur une base provinciale et nationale.

Ces données vont nous aider à déterminer le statut actuel des orthophonistes et audiologistes au Canada afin d'identifier les tendances au sein de nos professions. L'information recueillie sera compilée pour la conférence CASLPA/ACOA 1989 et sera disponible pour tous les membres de CASLPA/ACOA ainsi que des associations provinciales par l'entremise de leur conseiller national et du bureau national de CASLPA/ACOA.

Il serait grandement apprécié si vous pouviez compléter le questionnaire **avant le 25 novembre 1988** et le retourner dans l'enveloppe ci-jointe. Je vous remercie de votre coopération.

Sincèrement,

Rhonda Rubin, Présidente
Comité de démographie de CASLPA/ACOA

(English on reverse side)

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SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS IN CANADA

I. GENERAL

Q-1 Your province or territory of residence. (*Circle number of your answer*)

1. BRITISH COLUMBIA
2. ALBERTA
3. SASKATCHEWAN
4. MANITOBA
5. ONTARIO
6. QUEBEC
7. NEW BRUNSWICK
8. NOVA SCOTIA
9. PRINCE EDWARD ISLAND
10. NEWFOUNDLAND
11. NORTHWEST TERRITORIES
12. YUKON
13. OTHER (*please specify*)_____

Q-2 Your profession. (*Circle number*)

1. SPEECH-LANGUAGE PATHOLOGIST
2. AUDIOLOGIST
3. SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST
4. OTHER (*please specify*) _____

Q-3 Your sex. (*Circle number*)

1. MALE
2. FEMALE

Q-4 Your age. (*Circle number*)

1. 20-24 YEARS
2. 25-29 YEARS
3. 30-34 YEARS
4. 35-39 YEARS
5. 40-44 YEARS
6. 45-49 YEARS
7. 50-54 YEARS
8. 55-59 YEARS
9. 60-64 YEARS
10. OVER 64 YEARS

.../2

(Please turn the page)

ORTHOPHONISTES ET AUDIOLOGISTES AU CANADA

I. GENERAL

Q-1 Province ou territoire où vous travaillez. (*Encerclez le numéro de votre réponse*)

1. COLOMBIE-BRITANNIQUE
2. ALBERTA
3. SASKATCHEWAN
4. MANITOBA
5. ONTARIO
6. QUÉBEC
7. NOUVEAU-BRUNSWICK
8. NOUVELLE-ECOSSE
9. ILE-DU-PRINCE-EDOUARD
10. TERRE-NEUVE
11. TERRITOIRES DU NORD-OUEST
12. YUKON
13. AUTRE (*précisez, s.v.p.*)_____

Q-2 Votre profession. (*Encerclez le numéro*)

1. ORTHOPHONISTE
2. AUDIOLOGISTE
3. ORTHOPHONISTE ET AUDIOLOGISTE
4. AUTRE (*précisez, s.v.p.*) _____

Q-3 Votre sexe. (*Encerclez le numéro*)

1. MASCULIN
2. FÉMININ

Q-4 Votre âge. (*Encerclez le numéro*)

1. 20-24 ANS
2. 25-29 ANS
3. 30-34 ANS
4. 35-39 ANS
5. 40-44 ANS
6. 45-49 ANS
7. 50-54 ANS
8. 55-59 ANS
9. 60-64 ANS
10. 65 ANS ET PLUS

.../2

(Tournez la page s.v.p.)

Q-5 Professional association membership. (*Circle All that apply*)

1. PROVINCIAL SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY ASSOCIATION
2. CASLPA/ACOA
3. ASHA
4. OTHER (*please specify*) _____

II. EDUCATION

Q-6 Your highest degree in speech-language pathology and/or audiology. (*Circle number*)

1. BACHELORS
2. MASTERS
3. DOCTORATE
4. OTHER (*please specify*) _____

Q-7 Where did you obtain your most recent speech-language pathology and/or audiology degree? (*Circle number*)

1. CANADA → *IF YOU GRADUATED FROM A CANADIAN UNIVERSITY, GO TO QUESTION 9*
2. UNITED STATES
3. OTHER (*please specify*) _____

(If you attended a non-Canadian university, go to Question 8)

Q-8 Were you accepted into a Canadian program? (*Circle number*)

1. NO
2. YES
3. DID NOT APPLY

.../3

Page 2

Q-5 Association(s) professionnelle(s) dont vous faites partie. (*Encerclez celle(s) qui s'applique(nt)*)

1. ASSOCIATION PROVINCIALE D'ORTHOPHONIE ET D'AUDIOLOGIE
2. CASLPA/ACOA
3. ASHA
4. AUTRE (*précisez, s.v.p.*) _____

II. FORMATION ACADÉMIQUE

Q-6 Votre diplôme le plus important en orthophonie et/ou audiologie. (*Encerclez le numéro*)

1. BACCALAURÉAT
2. MAITRISE
3. DOCTORAT
4. AUTRE (*précisez, s.v.p.*) _____

Q-7 Où avez-vous obtenu votre plus récent diplôme en orthophonie et/ou audiologie? (*Encerclez le numéro*)

1. CANADA → *SI VOUS ÊTES GRADUÉ D'UNE UNIVERSITÉ CANADIENNE, RENDEZ VOUS À LA QUESTION 9*
2. ÉTATS-UNIS
3. AUTRE (*précisez, s.v.p.*) _____

(Si vous n'avez pas fréquenté une université canadienne, rendez-vous à la question 8)

Q-8 Avez-vous été admis dans un programme canadien? (*Encerclez le numéro*)

1. NON
2. OUI
3. N'A PAS APPLIQUÉ AU CANADA

.../3

197

198

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III. WORK EXPERIENCE

Q-9 Number of years of work experience as a speech-language pathologist and/or audiologist: ___ YEARS

Q-10 Did you stop working in the profession for one or more years? (*Circle number*)

1. NO → *IF YOU DID NOT STOP WORKING, GO TO QUESTION 12*
2. YES

(If you stopped working, go to Question 11)

Q-11 How long did you stop working? ___ YEARS

Q-12 Are you presently working? (*Circle number*)

1. NO
2. YES

(If you are NOT working, complete questions 13 and 14 only)

IF YOU ARE WORKING, GO TO QUESTION 15

Q-13 Are you presently: (*Circle number*)

1. RETIRED
2. STUDENT
3. MATERNITY LEAVE
4. OTHER LEAVE
5. OTHER (*please specify*) _____

Q-14 Are you seeking employment in speech-language pathology or audiology? (*Circle number*)

1. NO
2. YES

.../4

(Please turn the page)

III. EXPERIENCE DE TRAVAIL

Q-9 Nombre d'années d'expérience en tant qu'orthophoniste et/ou audiologiste: ___ ANS

Q-10 Avez-vous cessé de travailler dans la profession pendant une année ou plus? (*Encerclez le numéro*)

1. NON → *SI VOUS N'AVEZ PAS CESSÉ DE TRAVAILLER, RENDEZ-VOUS À LA QUESTION 12*
2. OUI

(Si vous avez cessé de travailler, rendez-vous à la question 11)

Q-11 Pendant combien de temps avez-vous cessé de travailler? ___ ANS

Q-12 Est-ce que vous travaillez présentement? (*Encerclez le numéro*)

1. NON
2. OUI → *SI VOUS TRAVAILLEZ, RENDEZ-VOUS À LA QUESTION 15*

(Si vous ne travaillez pas, complétez les questions 13 et 14 seulement)

Q-13 Etes-vous présentement: (*Encerclez le numéro*)

1. RETRAITÉ(E)
2. ÉTUDIANT(E)
3. CONGÉ DE MATERNITÉ
4. AUTRE CONGÉ
5. AUTRE (*précisez, s.v.p.*) _____

Q-14 Recherchez-vous un emploi en orthophonie ou audiologie? (*Encerclez le numéro*)

1. NON
2. OUI

.../4

(Tournez la page s.v.p.)

Q-15 In which language(s) do you provide professional services? (*Circle ALL that apply*)

1. ENGLISH
2. FRENCH
3. MANUAL COMMUNICATION
4. OTHER (*please specify*)_____

Q-16 Please describe your employment. (*Circle number*)

1. REGULAR FULL TIME → *IF YOU WORK FULL TIME GO TO QUESTION 18*
2. TEMPORARY FULL TIME →
3. REGULAR PART TIME
4. TEMPORARY PART TIME
5. OTHER (*please specify*) _____

(*If you work part time, go to Question 17*)

Q-17 How many hours per week do you work? ___ HOURS

IV. WORK SETTING

Q-18 What is the population of the community where you work? (*Circle only ONE*)

1. LESS THAN 10,000
2. 10,000 - 24,999
3. 25,000 - 49,999
4. 50,000 - 99,999
5. 100,000 - 250,000
6. OVER 250,000

Q-19 Are you self-employed? (*Circle number*)

1. NO
2. YES

.../5

Q-15 Quelle(s) langue(s) utilisez-vous au travail? (*Encerclez celle(s) qui s'applique(nt)*)

1. ANGLAIS
2. FRANCAIS
3. LANGAGE GESTUEL
4. AUTRE (*précisez, s.v.p.*) _____

Q-16 S.V.P. décrivez votre travail. (*Encerclez le numéro*)

1. TEMPS PLEIN RÉGULIER → *SI VOUS TRAVAILLEZ A TEMPS PLEIN, RENDEZ VOUS A LA QUESTION 18*
2. TEMPS PLEIN TEMPORAIRE →
3. TEMPS PARTIEL RÉGULIER
4. TEMPS PARTIEL TEMPORAIRE
5. AUTRE (*précisez, s.v.p.*) _____

(*Si vous travaillez à temps partiel, rendez-vous à la question 17*)

Q-17 Combien d'heures par semaine travaillez-vous? ___ HEURES

IV. LIEU DE TRAVAIL

Q-18 La localité où vous travaillez compte combien d'habitants? (*Encerclez seulement UNE réponse*)

1. MOINS DE 10,000
2. 10,000 - 24,999
3. 25,000 - 49,999
4. 50,000 - 99,999
5. 100,000 - 250,000
6. PLUS DE 250,000

Q-19 Emploi à votre propre compte? (*Encerclez le numéro*)

1. NON
2. OUI

.../5

Q-20 Location of principal place of employment. (*Circle only ONE*)

1. GENERAL HOSPITAL
2. PEDIATRIC HOSPITAL
3. PSYCHIATRIC HOSPITAL
4. REHABILITATION CENTRE
5. CHRONIC CARE FACILITY/NURSING HOME
6. PUBLIC HEALTH AND/OR COMMUNITY SOCIAL SERVICES
7. SCHOOL BOARD
8. PRIVATE PRACTICE ⟶ *IF YOU WORK MAINLY IN PRIVATE PRACTICE, GO TO QUESTION 22*
9. INDUSTRY
10. UNIVERSITY
11. OTHER (*please specify*)_____

Q-21 Do you engage in private practice in addition to your principal employment? (*Circle number*)

1. NO ⟶ *IF YOU DO NOT DO ANY PRIVATE PRACTICE, GO TO QUESTION 23*
2. YES

(*If you do some private practice, go to Question 22*)

Q-22 How many hours per week do you engage in private practice? ___ HOURS

V. WORKLOAD

Q-23 Primary job responsibility. (*Circle only ONE*)

1. CLINICAL
2. TEACHING/SUPERVISION
3. RESEARCH
4. ADMINISTRATION
5. OTHER (*please specify*)_____

(*If you do primarily clinical work, complete Questions 24-26*)

.../6
(Please turn the page)

Q-20 Principal endroit de travail. (*Encerclez seulement UNE réponse*)

1. HÔPITAL GÉNÉRAL
2. HÔPITAL PÉDIATRIQUE
3. HÔPITAL PSYCHIATRIQUE
4. CENTRE DE RÉADAPTATION
5. SOINS PROLONGÉS
6. SANTÉ COMMUNAUTAIRE ET/OU SERVICES SOCIAUX
7. COMMISSION SCOLAIRE
8. PRATIQUE PRIVÉE ⟶ *SI VOUS FAITES PRINCIPALEMENT DE LA PRATIQUE PRIVÉE, RENDEZ-VOUS À LA QUESTION 22*
9. INDUSTRIE
10. UNIVERSITÉ
11. AUTRE (*précisez s.v.p.*)_____

Q-21 Faites-vous un peu de pratique privée en plus de votre emploi principal? (*Encerclez le numéro*)

1. NON ⟶ *SI VOUS NE FAITES PAS DE PRATIQUE PRIVÉE DU TOUT, RENDEZ-VOUS À LA QUESTION 23*
2. OUI

(*Si vous faites un peu de pratique privée, rendez-vous à la questions 22*)

Q-22 Combien d'heures par semaine consacrez-vous à la pratique privée? ____ HEURES

V. CHARGE DE TRAVAIL

Q-23 Quelle est votre principale responsabilité? (*Encerclez seulement UNE réponse*)

1. CLINIQUE
2. ENSEIGNEMENT/SUPERVISION
3. RECHERCHE
4. GESTION
5. AUTRE (*précisez, s.v.p.*)_____

(*Si vous faites principalement des tâches cliniques, répondez aux questions 24-26*)

.../6
(Tournez la page s.v.p.)

Q-24 Principal area of practice. *(Circle only ONE)*

1. DIAGNOSTIC AUDIOLOGY (basic testing and special tests)
2. EVOKED RESPONSE AUDIOMETRY
3. VESTIBULAR TESTING
4. AURAL REHABILITATION
5. CHILD LANGUAGE
6. ARTICULATION/PHONOLOGY
7. VOICE
8. FLUENCY
9. AUGMENTATIVE COMMUNICATION
10. NEUROGENIC DISORDERS
11. SWALLOWING DISORDERS
12. OTHER *(please specify)*_____

Q-25 Other areas of practice. *(Circle ALL that apply)*

1. DIAGNOSTIC AUDIOLOGY (basic testing and special tests)
2. EVOKED RESPONSE AUDIOMETRY
3. VESTIBULAR TESTING
4. AURAL REHABILITATION
5. CHILD LANGUAGE
6. ARTICULATION/PHONOLOGY
7. VOICE
8. FLUENCY
9. AUGMENTATIVE COMMUNICATION
10. NEUROGENIC DISORDERS
11. SWALLOWING DISORDERS
12. OTHER *(please specify)*_____

Q-26 Age groups serviced. *(Circle ALL that apply)*

1. 0-2 YEARS
2. 3-5 YEARS
3. 6-17 YEARS
4. 18-64 YEARS
5. 65-84 YEARS
6. OVER 84 YEARS

Thank you for taking the time to complete this questionnaire. Your cooperation and accurate reporting will help us to develop a comprehensive and useful data base for the Speech-Language Pathology and Audiology professions in Canada.

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Page 6

Q-24 A quel domaine accordez-vous plus de temps? *(Encerclez seulement UNE réponse)*

1. AUDIOLOGIE CLINIQUE (tests de base et examens complémentaires)
2. POTENTIELS ÉVOQUÉS DU TRONC CÉRÉBRAL
3. ÉVALUATION VESTIBULAIRE
4. EDUCATION AUDITIVE
5. LANGAGE-ENFANT
6. ARTICULATION/PHONOLOGIE
7. VOIX
8. FLUIDITÉ VERBALE
9. MODES DE COMMUNICATION SUPPLÉANTS
10. PROBLÈMES NEUROLOGIQUES
11. DÉGLUTITION
12. AUTRE *(précisez, s.v.p.)*_____

Q-25 Domaines de pratique complémentaires. *(Encerclez plusieurs réponses au besoin)*

1. AUDIOLOGIE CLINIQUE (tests de base et examens complémentaires)
2. POTENTIELS ÉVOQUÉS DU TRONC CÉRÉBRAL
3. ÉVALUATION VESTIBULAIRE
4. EDUCATION AUDITIVE
5. LANGAGE-ENFANT
6. ARTICULATION/PHONOLOGIE
7. VOIX
8. FLUIDITÉ VERBALE
9. MODES DE COMMUNICATION SUPPLÉANTS
10. PROBLÈMES NEUROLOGIQUES
11. DÉGLUTITION
12. AUTRE *(précisez, s.v.p.)*_____

Q-26 Groupes d'âges de la population que vous desservez. *(Encerclez plusieurs réponses au besoin)*

1. 0- 2 ANS
2. 3- 5 ANS
3. 6-17 ANS
4. 18-64 ANS
5. 65-84 ANS
6. PLUS DE 84 ANS

Merci d'avoir complété le questionnaire. Votre collaboration va nous permettre d'élaborer une banque de données utiles et exhaustives au sujet des audiologistes et orthophonistes du Canada.

THE CANADIAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
L'ASSOCIATION CANADIENNE DES ORTHOPHONISTES ET AUDIOLOGISTES
1215-25 MAIN ST. WEST, HAMILTON, ONTARIO L8P 1H1 TELEPHONE: (416) 523-5790

CASLPA/ACOA Demographics Committee, c/o Dept. of Health & Community Services, P.O. Box 5001, Moncton, N.B., E1C 8R3

February 10th, 1989

Dear Student:

The CASLPA/ACOA Demographics Committee is gathering information from Canadian students in speech-language pathology (SLP) and audiology (AUD) programs to create a profile of students in our professions. The attached questionnaire is being provided for you to complete as our tool for this purpose and as our initial step towards developing a comprehensive data base. The survey has been piloted with a sampling of speech-language pathology and audiology students. It has been determined that it requires about three minutes of your time.

Presently, we have little information regarding students in our fields. Your complete reporting will enable us to examine such critical issues as our need for training programs and future supply trends in our fields. Information received will be treated by the Demographics Committee as confidential material. Statistical analysis will be completed only on a provincial and national basis.

This data gathered will be compiled for the CASLPA/ACOA Conference 1989. It will also be made available upon request to all students through the CASLPA/ACOA National Office.

It will be appreciated if you will complete the questionnaire prior to March 3rd, 1989 and return it in the addressed envelope provided. Thank you in advance for your cooperation.

Sincerely,

Rhonda Rubin, Chair
CASLPA/ACOA Demographics Committee

THE CANADIAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
L'ASSOCIATION CANADIENNE DES ORTHOPHONISTES ET AUDIOLOGISTES
1215-25 MAIN ST. WEST, HAMILTON, ONTARIO L8P 1H1 TELEPHONE: (416) 523-5790

Comité de démographie de CASLPA/ACOA
c/o Ministère de Santé et Services Communautaires
C. P. 5001, Moncton, N.-B., E1C 8R3

le 24 février 1989

Chèr(e) étudiant(e),

Le comité de démographie de la CASLPA/ACOA en ce moment recueille renseignements auprès des étudiants canadiens en orthophonie et audiologie, afin de dresser un profil des étudiants au sein de nos professions. Vous trouverez ci-joint un questionnaire à compléter. Ce questionnaire constitue la première étape du développement d'une banque de données plus exhaustive. Compléter ce questionnaire ne prendra, au plus, que trois minutes de votre temps.

Présentement, les données disponibles au sujet des étudiants en orthophonie et audiologie sont limitées. Votre contribution à ce questionnaire nous permettra d'évaluer certains aspects d'actualité tels: les besoins en terme de programme de formation et l'orientation des services dispensés dans le cadre de nos professions. L'information reçue sera traitée confidentiellement par le Comité de démographie. L'analyse statistique ne sera effectuée que sur une base provinciale et nationale.

Ces données seront compilées pour la Conférence CASLPA/ACOA 1989. Tous les étudiants pourront avoir accès aux données en s'adressant au bureau national de CASLPA/ACOA.

Il serait grandement apprécié que vous complétiez ce questionnaire et le retourniez dans l'enveloppe ci-jointe **avant le 17 mars 1989.** Je vous remercie de votre collaboration.

Sincèrement,

Rhonda Rubin, Présidente
Comité de démographie de CASLPA/ACOA

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CANADIAN STUDENTS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

I. GENERAL

Q-1 Your home province or territory of residence while not attending university. *(Circle number of your answer)*

1. BRITISH COLUMBIA
2. ALBERTA
3. SASKATCHEWAN
4. MANITOBA
5. ONTARIO
6. QUEBEC
7. NEW BRUNSWICK
8. NOVA SCOTIA
9. PRINCE EDWARD ISLAND
10. NEWFOUNDLAND
11. NORTHWEST TERRITORIES
12. YUKON
13. OTHER *(please specify)*_____

Q-2 Your major field of study. *(Circle number)*

1. SPEECH-LANGUAGE PATHOLOGY
2. AUDIOLOGY
3. OTHER *(please specify)*_____

Q-3 Your gender. *(Circle number)*

1. MALE
2. FEMALE

Q-4 Your age. *(Circle number)*

1. 17-19 YEARS
2. 20-22 YEARS
3. 23-25 YEARS
4. 26-28 YEARS
5. 29-31 YEARS
6. 32-34 YEARS
7. 35-37 YEARS
8. 38-40 YEARS
9. OVER 40 YEARS

.../2

ÉTUDIANTS CANADIENS EN ORTHOPHONIE ET AUDIOLOGIE

I. INFORMATION GÉNÉRALE

Q-1 Votre province ou lieu de résidence quand vous ne fréquentez pas l'université. *(Encerclez le numéro de votre réponse)*

1. COLOMBIE-BRITANNIQUE
2. ALBERTA
3. SASKATCHEWAN
4. MANITOBA
5. ONTARIO
6. QUÉBEC
7. NOUVEAU-BRUNSWICK
8. NOUVELLE-ÉCOSSE
9. ILE DU PRINCE EDOUARD
10. TERRE-NEUVE
11. TERRITOIRES DU NORD-OUEST
12. YUKON
13. AUTRE (s.v.p. précisez)_____

Q-2 Votre champ d'études. *(Encerclez le numéro)*

1. ORTHOPHONIE
2. AUDIOLOGIE
3. AUTRE (s.v.p. précisez)_____

Q-3 Votre sexe. *(Encerclez le numéro)*

1. MASCULIN
2. FÉMININ

Q-4 Votre âge. *(Encerclez le numéro)*

1. 17-19 ANS
2. 20-22 ANS
3. 23-25 ANS
4. 26-28 ANS
5. 29-31 ANS
6. 32-34 ANS
7. 35-37 ANS
8. 38-40 ANS
9. 40 ANS ET PLUS

.../2

Q-5 Professional association membership(s).
(Circle ALL that apply)

1. PROVINCIAL SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY ASSOCIATION STUDENT MEMBER (please specify association)_____
2. CASLPA/ACOA STUDENT MEMBER
3. NSSLHA MEMBER (ASHA STUDENT MEMBER)
4. OTHER (please specify)_____

_____

II. EDUCATION

Q-6 University/college you are currently attending.
(Circle number)

1. UNIVERSITY OF BRITISH COLUMBIA
2. UNIVERSITY OF ALBERTA
3. UNIVERSITY OF WESTERN ONTARIO
4. UNIVERSITY OF TORONTO
5. MCGILL UNIVERSITY
6. UNIVERSITÉ DE MONTRÉAL
7. DALHOUSIE UNIVERSITY
8. OTHER (please specify university and location)

_____

Q-7 Degree program in which you are currently enrolled.
(Circle number)

1. BACHELORS
2. MASTERS
3. DOCTORATE
4. OTHER (please specify)_____

Q-8 Have you completed an undergraduate degree?
(Circle number)

1. NO ⟶ IF YOU DO NOT HOLD AN UNDERGRADUATE DEGREE, GO TO QUESTION 14
2. YES

(If you have an undergraduate degree, go to Question 9)

.../3
(Please turn the page)

Q-5 Association(s) professionnelle(s) dont vous faites partie. (Encerclez celle(s) qui s'applique(nt))

1. MEMBRE-ÉTUDIANT DE L'ASSOCIATION PROVINCIALE D'ORTHOPHONIE ET D'AUDIOLOGIE (s.v.p. précisez quelle association)

_____

2. MEMBRE-ÉTUDIANT DE CASLPA/ACOA
3. MEMBRE-ÉTUDIANT DE ASHA
4. AUTRE (s.v.p. précisez)_____

II. FORMATION

Q-6 Université que vous fréquentez. (Encerclez le numéro)

1. UNIVERSITÉ DE LA COLOMBIE BRITANNIQUE
2. UNIVERSITÉ DE L'ALBERTA
3. UNIVERSITÉ WESTERN ONTARIO
4. UNIVERSITÉ DE TORONTO
5. UNIVERSITÉ McGILL
6. UNIVERSITÉ DE MONTRÉAL
7. UNIVERSITÉ DALHOUSIE
8. AUTRE (s.v.p. précisez l'université et le lieu)_____

Q-7 Programme auquel vous êtes inscrit. (Encerclez le numéro)

1. BACCALAURÉAT
2. MAITRISE
3. DOCTORAT
4. AUTRE (s.v.p. précisez)_____

Q-8 Avez-vous complété un autre programme de premier cycle? (Encerclez le numéro)

1. NON ⟶ SI VOUS NE POSSÉDEZ PAS UN DIPLÔME DE PREMIER CYCLE, RENDEZ-VOUS À LA QUESTION 14
2. OUI

(Si vous possédez un diplôme de premier cycle, rendez-vous à la question 9)

.../3
(S.V.P. tournez la page)

Q-9 Undergraduate degree(s) held. (*Circle ALL that apply*)

1. BACHELOR OF SCIENCE from _____
2. BACHELOR OF ARTS from _____
3. BACHELOR OF EDUCATION OR CHILD STUDIES from _____
4. OTHER (*please specify degree and university*) _____

Q-10 Your undergraduate major field(s) of study. (*Circle ALL that apply*)

1. SLP AND/OR AUD
2. PSYCHOLOGY
3. BIOLOGY
4. LINGUISTICS
5. OTHER (*please specify*) _____

IF YOU DO NOT HOLD AN UNDERGRADUATE DEGREE IN SLP AND/OR AUD, GO TO QUESTION 12

(*If you hold an undergraduate degree in speech-language pathology and/or audiology, go to Question 11*)

Q-11 Where did you complete your undergraduate degree in speech-language pathology and/or audiology? (*Circle number*)

1. CANADA (*please specify year:* 19___)
2. UNITED STATES (*please specify year:* 19___)
3. OTHER (*please specify country:* _____ *and year:* 19___)

Q-12 Do you hold a graduate degree in SLP, AUD or other field? (*Circle number*)

1. NO → *IF YOU DO NOT HOLD A GRADUATE DEGREE, GO TO QUESTION 14*
2. YES

(*If you hold a graduate degree, go to Question 13*)

Q-9 Diplômes de premier cycle obtenus. (*Encerclez plus d'une réponse au besoin*)

1. BACCALAURÉAT EN SCIENCES DE _____
2. BACCALAURÉAT EN ARTS DE _____
3. BACCALAURÉAT EN ÉDUCATION OU EN DÉVELOPPEMENT DE L'ENFANT DE _____
4. AUTRE (*précisez, s.v.p. Indiquez également le nom de l'université*) _____

Q-10 Le domaine d'études de votre diplôme de premier cycle. (*Encerclez plusieurs réponses au besoin*)

1. ORTHO ET/OU AUDIO
2. PSYCHOLOGIE
3. BIOLOGIE
4. LINGUISTIQUE
5. AUTRE (*s.v.p. précisez*) _____

SI VOUS NE DÉTENEZ PAS UN DIPLÔME DE 1ER CYCLE EN ORTHO ET/OU AUDIO, RENDEZ-VOUS À LA QUESTION 12

(*Si vous détenez un diplôme de 1er cycle en orthophonie et/ou audiologie, rendez-vous à la question 11*)

Q-11 Où avez-vous obtenu votre diplôme de 1er cycle en orthophonie et/ou audiologie? (*Encerclez le numéro*)

1. CANADA (*s.v.p. précisez l'année:* 19___)
2. ÉTATS-UNIS (*s.v.p. précisez l'année:* 19___)
3. AUTRE (*s.v.p. précisez le pays:* _____ *et l'année:* 19___)

Q-12 Détenez-vous un diplôme de 2e cycle en orthophonie, audiologie, ou autre? (*Encerclez le numéro*)

1. NON → *SI VOUS NE DÉTENEZ PAS DE DIPLÔME DE 2E CYCLE, RENDEZ-VOUS À LA QUESTION 14*
2. OUI

(*Si vous détenez un diplôme de 2e cycle, rendez-vous à la question 13*)

Q-13 Graduate degree(s) held. *(Circle ALL that apply)*

1. MASTERS OF SCIENCE
   (major:_____; year: 19___)
2. MASTERS OF ARTS
   (major:_____; year: 19___)
3. MASTERS OF EDUCATION
   (major:_____; year: 19___)
4. OTHER *(please specify degree, major and year of graduation:* _____

Q-14 Where was your first choice of location for present SLP and/or AUD training? *(Circle number)*

1. CANADA
2. UNITED STATES
3. OTHER *(please specify)*_____

Q-15 Did you apply to a Canadian program? *(Circle number)*

1. NO → *IF YOU DID NOT APPLY TO A CANADIAN PROGRAM, GO TO QUESTION 17*
2. YES

(If you applied to a Canadian program, go to Question 16)

Q-16 Were you accepted into a Canadian program? *(Circle number)*

1. NO
2. YES

Q-17 Did you apply more than one year to obtain admittance to a speech-language pathology and/or audiology program? *(Circle number)*

1. NO
2. YES

.../5
(Please turn the page)

Q-13 Diplôme(s) de 2e cycle que vous détenez. *(Encerclez plus d'une réponse au besoin)*

1. MAITRISE EN SCIENCES
   (spécialisation:_____; année: 19___)
2. MAITRISE EN ARTS
   (spécialisation:_____; année: 19___)
3. MAITRISE EN ÉDUCATION
   (spécialisation:_____; année: 19___)
4. AUTRE (s.v.p. précisez le degré, la spécialisation et l'année:_____)

Q-14 Quel était votre premier choix, en terme de lieu, pour étudier. *(Encerclez le numéro)*

1. CANADA
2. ÉTATS-UNIS
3. AUTRE *(s.v.p. précisez)*_____

Q-15 Avez-vous fait une demande d'admission à un programme canadien. *(Encerclez le numéro)*

1. NON → *SI VOUS N'AVEZ PAS FAIT DE DEMANDE À UN PROGRAMME CANADIEN, RENDEZ-VOUS À LA QUESTION 17*
2. OUI

(Si vous avez fait une demande à un programme canadien, rendez-vous à la question 16)

Q-16 Avez-vous été admis à un programme canadien? *(Encerclez le numéro)*

1. NON
2. OUI

Q-17 Avez-vous fait une demande d'admission à plus d'une reprise, à un programme d'orthophonie et/ou d'audiologie *(Encerclez le numéro)*

1. NON
2. OUI

.../5
(S.V.P. tournez la page)

Q-18 Did you apply to more than one speech-language pathology and/or audiology program? (*Circle number*)

1. NO
2. YES

Q-19 Expected year of graduation: 19___

III. POST GRADUATION PLANS

Q-20 What are your plans after graduation? (*Circle number*)

1. WORK IN SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY ⟶ *IF YOU PLAN TO WORK AS A SPEECH-LANGUAGE PATHOLOGIST AND/OR AUDIOLOGIST, GO TO QUESTION 22*
2. WORK IN ANOTHER FIELD
3. CONTINUED EDUCATION
4. OTHER (*please specify*) _____

(If you plan to continue your studies, go to Question 21)

Q-21 In what area would you like to continue your studies? (*Circle number*)

1. SPEECH-LANGUAGE PATHOLOGY
2. AUDIOLOGY
3. PSYCHOLOGY
4. EDUCATION
5. OTHER (*please specify*)_____

Q-22 Are you being sponsored through a bursary or incentive rebate program? (*Circle number*)

1. NO ⟶ *IF YOU ARE NOT BEING SPONSORED, GO TO QUESTION 24*
2. YES

(If you are being sponsored, go to Question 23)

Q-18 Avez-vous fait une demande d'admission à plus d'une école d'orthophonie et/ou audiologie? (*Encerclez le numéro*)

1. NON
2. OUI

Q-19 Année prévue d'obtention du diplôme: 19___

III. PROJETS FUTURS

Q-20 Quels sont vos projets suite à l'obtention de votre diplôme? (*Encerclez le numéro*)

1. TRAVAILLER EN ORTHOPHONIE ET/OU AUDIOLOGIE ⟶ *SI VOUS COMPTEZ TRAVAILLER COMME ORTHOPHONISTE ET/OU AUDIOLOGISTE, RENDEZ-VOUS À LA QUESTION 22*
2. TRAVAILLER DANS UN AUTRE DOMAINE
3. POURSUIVRE VOS ÉTUDES
4. AUTRE (*s.v.p. précisez*) _____

(Si vous songez à poursuivre vos études, rendez-vous à la question 21)

Q-21 Dans quel domaine aimeriez-vous poursuivre vos études? (*Encerclez le numéro*)

1. ORTHOPHONIE
2. AUDIOLOGIE
3. PSYCHOLOGIE
4. ÉDUCATION
5. AUTRE (*s.v.p. précisez*)_____

Q-22 Bénéficiez-vous d'un programme de mesures incitatives ou d'une bourse vous liant à un organisme? (*Encerclez le numéro*)

1. NON ⟶ *SI VOUS N'ÊTES PAS SUBVENTIONNÉ, RENDEZ-VOUS À LA QUESTION 24*
2. OUI

(Si vous êtes subventionné, rendez-vous à la question 23)

Q-23 Who is sponsoring you? (*Circle number*)

1. SCHOOL BOARD
2. HOSPITAL
3. PROVINCIAL DEPARTMENT OR MINISTRY OF HEALTH AND/OR COMMUNITY SOCIAL SERVICES
4. NONSPECIFIED SETTING FOR THE PROVINCE OF _____ (*please state province*)
5. OTHER (*please specify*)_____

Q-24 Do you have commitments (professional and/or personal) to work in a particular province or area upon graduation? (*Circle number*)

1. NO
2. YES

Q-25 Province(s) or area(s) where you will be applying for employment after graduation. (*Circle ALL that apply*)

1. BRITISH COLUMBIA
2. ALBERTA
3. SASKATCHEWAN
4. MANITOBA
5. ONTARIO
6. QUEBEC
7. NEW BRUNSWICK
8. NOVA SCOTIA
9. PRINCE EDWARD ISLAND
10. NEWFOUNDLAND
11. NORTHWEST TERRITORIES
12. YUKON
13. UNITED STATES
14. OTHER (*please specify*)_____

Q-26 Type(s) of community setting(s) where you will be applying for employment. (*Circle ALL that apply*)

1. RURAL (POPULATION= LESS THAN 25,000)
2. SMALLER URBAN (POPULATION= LESS THAN 100,000)
3. LARGER URBAN (POPULATION= GREATER THAN 100,000)

.../7

(Please turn the page)

Q-23 Qui vous subventionne? (*Encerclez le numéro*)

1. COMMISSION SCOLAIRE
2. HÔPITAL
3. MINISTÈRE DES AFFAIRES SOCIALES
4. GOUVERNEMENT
5. AUTRE (*s.v.p. précisez*)_____

Q-24 Avez-vous des engagements (professionnels et/ou personnels) pour travailler dans une province quelconque, ou région après votre graduation?

1. NON
2. OUI

Q-25 Province(s) ou région où vous ferez une demande d'emploi après votre graduation. (*Encerclez tous les numéros qui s'appliquent*)

1. COLOMBIE-BRITANNIQUE
2. ALBERTA
3. SASKATCHEWAN
4. MANITOBA
5. ONTARIO
6. QUÉBEC
7. NOUVEAU-BRUNSWICK
8. NOUVELLE-ÉCOSSE
9. ILE DU PRINCE EDOUARD
10. TERRE-NEUVE
11. TERRITOIRES DU NORD-OUEST
12. YUKON
13. ÉTATS-UNIS
14. AUTRE (*s.v.p. précisez*)_____

Q-26 Communauté ou emplacement où vous ferez une demande d'emploi. (*Encerclez toutes les réponses qui s'appliquent*)

1. RURALE AVEC POPULATION INFÉRIEURE À 25,000 HABITANTS
2. URBAINE AVEC POPULATION INFÉRIEURE À 100,000 HABITANTS
3. URBAINE AVEC POPULATION SUPÉRIEURE À 100,000 HABITANTS

.../7

(S.V.P. tournez la page)

Q-27 Type(s) of employment setting(s) preferred. *(Circle ALL that apply)*

1. GENERAL OR TEACHING HOSPITAL
2. PEDIATRIC HOSPITAL OR TREATMENT CENTRE
3. PSYCHIATRIC HOSPITAL
4. REHABILITATION HOSPITAL OR CENTRE
5. CHRONIC CARE FACILITY/NURSING HOME
6. PUBLIC HEALTH AND/OR COMMUNITY SOCIAL SERVICES
7. SCHOOL BOARD
8. PRIVATE PRACTICE
9. INDUSTRY
10. UNIVERSITY
11. OTHER *(please specify)*_____

Q-28 Language(s) in which you will be able to provide professional services. *(Circle ALL that apply)*

1. ENGLISH
2. FRENCH
3. MANUAL COMMUNICATION
4. OTHER *(please specify)*_____

Thank you for taking the time to complete this questionnaire. Your cooperation and accurate reporting will help us to develop a comprehensive and useful data base for the Speech-Language Pathology and Audiology professions in Canada.

Q-27 Milieu(x) de travail que vous préférez. *(Encerclez plus d'une réponse au besoin)*

1. HÔPITAL GÉNÉRAL OU UNIVERSITAIRE
2. HÔPITAL PÉDIATRIQUE
3. HÔPITAL PSYCHIATRIQUE
4. CENTRE DE RÉADAPTATION
5. ÉTABLISSEMENT POUR PERSONNES AGÉES/ SOINS PROLONGÉS
6. HYGIÈNE PUBLIQUE ET/OU SERVICES SOCIAUX
7. COMMISSION SCOLAIRE
8. PRATIQUE PRIVÉE
9. INDUSTRIE
10. UNIVERSITÉ
11. AUTRE *(s.v.p. précisez)*_____

Q-28 Langue(s) dans laquelle(lesquelles) vous serez en mesure d'offrir des services professionnels. *(Encerclez plus d'une réponse au besoin)*

1. ANGLAIS
2. FRANCAIS
3. LANGAGE GESTUEL
4. AUTRE *(s.v.p. précisez)*_____

Nous vous remercions d'avoir pris le temps de remplir ce questionnaire. Votre collaboration nous aidera à mettre sur pied une banque de données sur les professions d'orthophonie et d'audiologie au Canada.

CASLPA/ACOA STUDENT DEMOGRAPHIC SURVEY

1) Home province: _____

2) Major: S-LP or AUD

3) Gender: Male or Female

4) Age: _____

5) Student membership: OSLA CASLPA/ACOA NSSLHA Other_____

6) Degree program at UWO: Bachelors or Masters

7) Have you completed an undergraduate degree?
No Yes Specify degree: _____
Specify major: _____
Specify university: _____
Specify year of graduation: _____

8) Do you hold a graduate degree?
No Yes Specify degree: _____
Specify major: _____
Specify year of graduation: _____

9) First choice of location for present CD training:
Canada U.S. Other

10) Applied more than 1 year to obtain admittance: No Yes

11) Applied to more than 1 CD program: No Yes

12) Plans after graduation: work as SLP or AUD or in another field
continue education (specify field_____) other

13) Being sponsored through a bursary or incentive rebate program:
No Yes (specify by who_____)

14) Have commitments to work in a particular area upon graduation: N Y

15) Where will you apply for job upon graduation? (Circle ALL that apply)
Specify (provinces, US or other): _____
Community: rural &/or small urban &/or larger urban
Employment setting: General Hospital / Psychiatric Hospital /
Pediatric Hospital / Rehab Centre / Schools / Private Practice
Industry / University / Other_____

16) Languages: English / French / Manual Communication / Other_____

APPENDIX C

APPENDIX C

OBTAINING SURVEY PARTICIPATION 165

C1. Letter to Presidents of Provincial Speech-Language Pathology and Audiology Associations 165

C2. Announcement of Survey in Provincial Association Newsletters and COMMUNIQUÉ 166

LETTER TO PRESIDENTS OF PROVINCIAL SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY ASSOCIATIONS

THE CANADIAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
L'ASSOCIATION CANADIENNE DES ORTHOPHONISTES ET AUDIOLOGISTES
1215-25 MAIN ST. WEST, HAMILTON, ONTARIO L8P 1H1 PHONE: (416) 523-5790 FAX: (416) 523-5792

c/o Department of Health and Community Services
P.O. Box 5001
Moncton, NB
E1C 8R3

August 29, 1988

[PROVINCIAL ASSOCIATION ADDRESS]

Dear [PRESIDENT] :

The CASLPA Demographics Committee is interested in obtaining information from as many speech-language pathologists and audiologists in Canada as possible to create an accurate profile of the current status of our professions. We are requesting the cooperation of all provincial associations with our endeavor. By cross-referencing provincial association membership lists with the CASLPA membership list, we will be able to survey both members and non-members of CASLPA. We hope you will support us by providing a list of members of the [PROVINCIAL ASSOCIATION] by October 1st, 1988.

All membership lists obtained will be kept confidential by the CASLPA Demographics Committee and used solely for the purpose of the planned November mailing of our questionnaire. The costs for the mailings to both CASLPA members and non-members will be assumed by CASLPA.

A copy of the draft of the questionnaire is enclosed for your perusal. (Some minor revisions will be made to a few of the questions.) Responses will be entered into a computer program for ease of analysis. We believe that some valuable information will be gained from our survey, not only for CASLPA but for provincial associations as well.

Thank you for your consideration of our request. Please feel free to contact me at the above address or by telephone at (506) 853-8679 if you require further information.

Yours sincerely,

Rhonda Rubin, Chair
CASLPA Demographics Committee

Encl.

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NOTICE TO NEWSLETTERS ANNOUNCING THE SURVEY OF CANADIAN SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

ANNOUNCEMENT[a]

The CASLPA Demographics Committee is compiling a profile of speech-language pathologists and audiologists across Canada. A questionnaire will be sent to you in early November and the Committee requests your cooperation in completing it and returning it promptly. Thank you for counting yourself in!

AVIS[b]

Le comité de démographie est à dresser un profil des orthophonistes et audiologistes du Canada. Un questionnaire vous sera acheminé au début novembre. Le comité demande de bien vouloir le compléter et le retourner aussitôt que possible. Nous vous remercions de votre participation à ce sondage.

The notice appeared in the following issues:

[a,b] COMMUNIQUÉ (CASLPA Newsletter), September 1988, p.2.
[a,b] ECHO (NBASLPA Newsletter), September 1988, p.4.
[a] HEARSAY (MSHA Newsletter), Sept/Oct 1988, p.26.
[a] OSLA (OSLA Newsletter), September 1988, p.11.
[a] REVERBERATIONS (SHANS Newsletter), October 1988, p.4.
[a] SIGNAL (NASLPA Newsletter), September 1988, p.3.
[a] VIBRATIONS (BCASLPA Newsletter), September 1988, p.9.

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APPENDIX D

APPENDIX D

SEARCH FOR CANADIAN STUDENTS 167

D1. Letter to American Universities and Colleges 167

D2. First Follow-up Letter to American Universities 168

D3. Second Follow-up Notice and Insert for Follow-up Letters 169

D4. Notice to Handicap Digest 170

D5. Notice to Provincial Association Newsletters and COMMUNIQUÉ 171

D6. Student Survey Inserts 172

a. English version 172

b. French version 172

LETTER TO AMERICAN UNIVERSITIES WITH SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY PROGRAMS

TO THE POSTMASTER:

WILL YOU PLEASE FORWARD THE FOLLOWING NOTICE BY INTER-DEPARTMENTAL MAIL TO THE DIRECTOR OF YOUR UNIVERSITY'S SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY DEPARTMENT. THANK YOU IN ADVANCE FOR YOUR KIND COOPERATION.

Dear Sir or Madam:

I am writing to request your assistance with an important study underway by the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA). The CASLPA Demographics Committee is gathering information from Canadian students in speech-language pathology and audiology programs to create a profile of students in these professions. As our initial step towards developing a comprehensive data base, we are sending a short questionnaire to Canadian students.

Presently, we have limited information regarding Canadians studying speech-language pathology and/or audiology. We hope that our survey will provide us with comprehensive and useful information to enable us to examine such critical issues in our country as our need for university programs and future supply trends in our fields.

We are asking for your assistance in providing us with either a list of names and individual addresses of Canadians in your program or preferably just a figure for the number of Canadians in your program with your department's complete mailing address so that we may contact them through the university. Also, if university professors in speech-language pathology and/or audiology in your state are in regular contact with each other or if your state speech-language pathology and/or audiology association has any upcoming meetings or other events, we would be very grateful if you would share this information with others as we are not able to contact all directors of university/college speech-language pathology and/or audiology programs in your state.

Thank you in advance for helping to make our profile as complete as possible. We look forward to your reply.

Sincerely,

Rhonda Rubin, Chair
CASLPA Demographics Committee

e-mail: RUBR@UBCMTSG.BITNET

Mailing Address:
c/o Dept. of Health and Community Services
P.O. Box 5001
Moncton, NB E1C 8R3
Canada

FIRST FOLLOW-UP LETTER TO AMERICAN UNIVERSITIES OFFERING SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY PROGRAMS

THE CANADIAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
L'ASSOCIATION CANADIENNE DES ORTHOPHONISTES ET AUDIOLOGISTES
1215-25 MAIN ST. WEST, HAMILTON, ONTARIO L8P 1H1 PHONE: (416) 523-5790 FAX: (416) 523-5792

c/o Department of Health and Community Services
P.O. Box 5001
Moncton, NB
E1C 8R3
Canada

Director
Program in Speech-Language Pathology and Audiology

[UNIVERSITY]

U.S.A.

Dear Sir or Madam:

The CASLPA Committee on Demographics has been contacting American universities offering speech-language pathology and/or audiology programs to obtain information on Canadian students enrolled. (A copy of the original letter of explanation, which may not have reached you, is enclosed.) As described in the previous letter, we are interested in locating any Canadian speech-language pathology and audiology students that may be registered in your program.

Would you kindly complete the form enclosed and return it as soon as possible to me at the address above. Thank you in advance for helping us to complete this important study.

Yours sincerely,

Rhonda Rubin, Chair
CASLPA Demographics Committee

Encl.

FOLLOW-UP NOTICE TO AMERICAN UNIVERSITIES OFFERING SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY PROGRAMS

PLEASE HELP

University or College: _____

Number of Canadian students enrolled in speech-language pathology and/or audiology program(s) in the winter/spring 1989 semester: _____

Thank you for your prompt reply!

Please return completed form to:

Rhonda Rubin, Chair
CASLPA Demographics Committee
c/o Dept. of Health and Community Services
P.O. Box 5001
Moncton, NB E1C 8R3
Canada

INSERT FOR FOLLOW-UP LETTERS TO AMERICAN UNIVERSITIES

REMINDER !

We are anxiously waiting to hear from you. Please return the attached form in the envelope provided as soon as possible. Thank you!

The Demographics Committee

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NOTICE POSTED IN HANDICAP DIGEST[a]

Subject: Canadian Students in Speech-Language Pathology or Audiology
Written by: RUBINR@UDEM.BITNET (Rhonda Rubin)

I am writing to request assistance with an important study underway by the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA). The CASLPA Demographics Committee is gathering information from Canadian students in speech-language pathology and audiology programs to create a profile of students in these professions. As our initial step towards developing a comprehensive data base, we are sending a short questionnaire to Canadian students.

Presently, we have limited information regarding Canadians studying speech-language pathology and/or audiology. We hope that our survey will provide us with comprehensive and useful information to enable us to examine such critical issues in this country as our need for more university programs and future supply trends in our fields.

I am asking for your help in providing me with names of any known Canadians studying speech-language pathology and/or audiology in the U.S. and the name of the university they are attending so that we may contact them. Also, if there are any SLPs or AUDs from the U.S. reading this, we would be very appreciative if you would share this information at any upcoming state association meetings or other events.

Thank you in advance for helping to make our profile as complete as possible.

Rhonda Rubin, Chair
CASLPA Demographics Committee
c/o Dept. of Health & Community Services
P.O. Box 5001
Moncton, NB E1C 8R3
Canada
Telephone: (506) 856-2569
FAX: (506)382-8657

or: RUBINR@UDEM.BITNET
RUBR@UBCMTSG.BITNET

[a]Notice appeared in Issue # 498 : Tuesday, March 21, 1989

SAMPLE NOTICE TO PROVINCIAL ASSOCIATION NEWSLETTERS AND COMMUNIQUÉ

ANNOUNCEMENT[a]

The CASLPA Demographics Committee is currently collecting information from Canadian students in speech-language pathology and/or audiology programs to help us examine such critical issues in this country as the need for university programs and supply trends. Please help us to make our profile complete! If you know of any Canadians studying in the United States or abroad, would you please forward their names and addresses either to your National Councillor or to:

Rhonda Rubin, Chair
CASLPA Demographics Committee
P.O. Box 5001
Moncton, New Brunswick E1C 8R3

AVIS[b]

Le comité de démographie de l'ACOA est en train de recueillir des renseignements auprès des étudiants canadiens en orthophonie et audiologie afin d'évaluer certains aspects tels le besoin de programmes de formation et la demande de professionnels dans nos domaines. Veuillez s.v.p. nous aider à rejoindre tous les étudiants afin que nous puissions obtenir un profil des plus complets. Si vous connaissez des étudiants canadiens qui étudient aux États-Unis ou à l'étranger, veuillez faire parvenir leurs noms et adresses à votre conseillère nationale ou à:

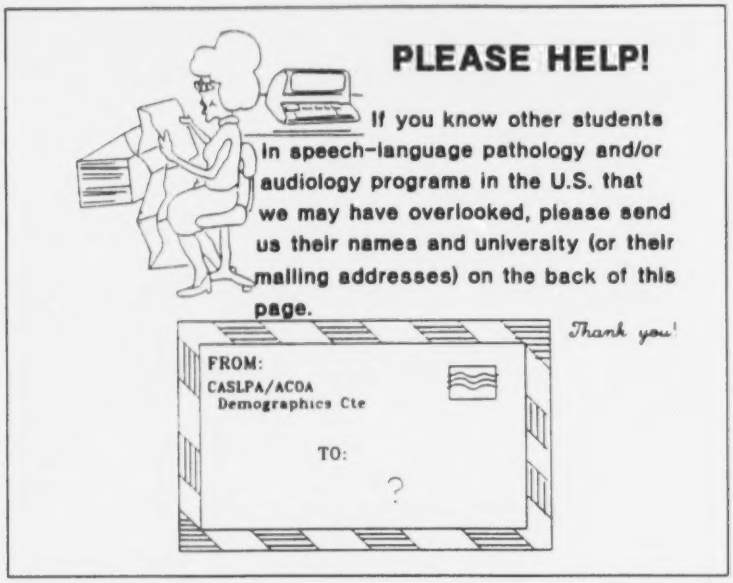
Rhonda Rubin, Présidente
Comité de démographie
C.P. 5001
Moncton, Nouveau-Brunswick E1C 8R3

The notice appeared in the following issues:

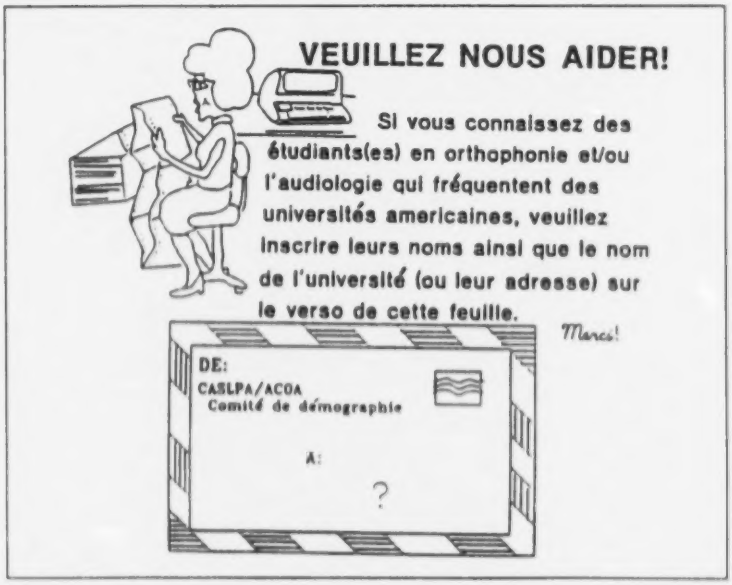
[ab]COMMUNIQUÉ (CASLPA Newsletter),February 1989, p.16.
[ab]ECHO (NBASLPA Newsletter), March 1989, p.15.
[a]HEARSAY (MSHA Newsletter), January/February 1989, p.6.
[a]OSLA (OSLA Newsletter), June 1989, p.5.
[a]REVERBERATIONS (SHANS Newsletter), March 1989, p.11.
[a]SIGNAL (NASLPA Newsletter), January 1989, p.10.
[a]VIBRATIONS (BCASLPA Newsletter), February 1989, p.4.
[a]VOX (SASLPA Newsletter), Winter/Spring 1989, p. 23.

STUDENT SURVEY INSERTS

A. English version


PLEASE HELP!
If you know other students in speech-language pathology and/or audiology programs in the U.S. that we may have overlooked, please send us their names and university (or their mailing addresses) on the back of this page.
Thank you!
FROM:
CASLPA/ACOA
Demographics Cte
TO:
?

B. French version


VEUILLEZ NOUS AIDER!
Si vous connaissez des étudiants(es) en orthophonie et/ou l'audiologie qui fréquentent des universités americaines, veuillez inscrire leurs noms ainsi que le nom de l'université (ou leur adresse) sur le verso de cette feuille.
Merci!
DE:
CASLPA/ACOA
Comité de démographie
A:
?

APPENDIX E

APPENDIX E

UNIVERSITIES AND COLLEGES OFFERING A SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY PROGRAM 173

E1. Programs With Canadian Students 173

E2. Programs With No Canadian Students 176

E3. Programs With No Information Obtained on Canadian Students 180

UNIVERSITIES AND COLLEGES WITH CANADIAN STUDENTS REGISTERED IN SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY PROGRAM - 1989

PROGRAM(S) OFFERED[a]	UNIVERSITY/COLLEGE	(LOCATION)	CANADIAN STUDENTS[b]
CANADA - English Programs			
M	Dalhousie University	(NS - Halifax)	45
M D	McGill University	(PQ - Montreal)	50
B	University of Alberta	(AB - Edmonton)	115
M D	University of British Columbia	(BC - Vancouver)	40
M	University of Toronto	(ON - Toronto)	41
B M	University of Western Ontario	(ON - London)	150
	TOTAL		441
CANADA - French Program			
B M	Université de Montréal	(PQ - Montréal)	205
	TOTAL		205
UNITED STATES - English Programs			
B M D	Arizona State University	(AZ - Tempe)	3
B M D	Boston University	(MA - Boston)	4
B M D	Bowling Green State University	(OH - Bowling Green)	1
B M	Brigham Young University	(UT - Provo)	4
B M	Brooklyn College of CUNY	(NY - Brooklyn)	1
B M	California University of Pennsylvania	(PA - California)	1
B M D	Case Western Reserve University	(OH - Cleveland)	1
D	City University of New York	(NY - New York)	1
B M	Clarion University	(PA - Clarion)	2
B M	Colorado State University	(CO - Fort Collins)	1
M D	Columbia University	(NY - New York)	1
B M	Eastern Washington University	(WA - Cheney)	1
B M	Emerson College	(MA - Boston)	3
B M	Fort Hays State University	(KS - Hays)	4
B M	The George Washington University	(DC - Washington)	1
B M D	Howard University	(DC - Washington)	3

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PROGRAM(S) OFFERED[a]	UNIVERSITY/COLLEGE	(LOCATION)	CANADIAN STUDENTS[b]

UNITED STATES - English Programs (continued)

B M	Hunter College of CUNY	(NY - New York)	1
B M	Idaho State University	(ID - Pocatello)	5
B M	Indiana State University	(IN - Terre Haute)	1
B M D	Indiana University	(IN - Bloomington)	1
B M D	Kent State University	(OH - Kent)	2
B M	Loma Linda University	(CA - Loma Linda)	1
B M	Marquette University	(WI - Milwaukee)	1
B M D	Michigan State University	(MI - East Lansing)	4
B M	Minot State University	(ND - Minot)	50
B M	Northeastern University	(MA - Boston)	7
B M	Northern Arizona University	(AZ - Flagstaff)	3
B M	Northern Michigan University	(MI - Marquette)	5
B M D	Northwestern University	(IL - Evanston)	1
B M D	Pennsylvania State University	(PA - University Park)	2
B M	Portland State University	(OR - Portland)	2
B M D	Purdue University	(IN - West Lafayette)	4
B M	Queens College of CUNY	(NY - Flushing)	1
B M	San Francisco State University	(CA - San Francisco)	3
B M	San Jose State University	(CA - San Jose)	2
B M	State University College at Buffalo	(NY - Buffalo)	9
B M D	State University of New York at Buffalo	(NY - Buffalo)	30
B M	State University of New York at Geneseo	(NY - Geneseo)	1
B M	State University of New York at Plattsburgh	(NY - Plattsburgh)	6
B M D	Syracuse University	(NY - Syracuse)	5
B M D	Temple University	(PA - Philadelphia)	2
B M	Towson State University	(MD - Towson)	1
B M D	University of Arizona	(AZ - Tucson)	2
B M	University of Arkansas at Little Rock	(AK - Little Rock)	1
B M D	University of California - Santa Barbara	(CA - Santa Barbara)	1
B M	University of Central Florida	(FL - Orlando)	1
B M D	University of Colorado	(CO - Boulder)	1
M D	University of Florida	(FL - Gainesville)	2
B M	University of Hawaii	(HI - Honolulu)	2
B M	University of Houston	(TX - Houston)	1
B M D	University of Illinois - Champaign	(IL - Champaign)	1
B M	University of Louisville	(KY - Louisville)	1
B M	University of Maine	(ME - Orono)	9
B M D	University of Massachusetts	(MA - Amherst)	1
B M	University of Minnesota - Duluth	(MN - Duluth)	4
B M D	University of Minnesota - Minneapolis	(MN - Minneapolis)	1
B M	University of Montana	(MO - Missoula)	8
B M D	University of Nebraska - Lincoln	(NE - Lincoln)	1

PROGRAM(S) OFFERED[a]	UNIVERSITY/COLLEGE	(LOCATION)	CANADIAN STUDENTS[b]
UNITED STATES - English Programs (continued)			
B M	University of North Dakota	(ND - Grand Forks)	55
B M D	University of Oregon - Eugene	(OR - Eugene)	2
M D	University of Pittsburgh	(PA - Pittsburgh)	4
B M D	University of South Florida	(FL - Tampa)	1
B M	University of Vermont	(VT - Burlington)	3
B M D	University of Washington	(WA - Seattle)	1
B M	University of Wisconsin - Eau Claire	(WI - Eau Claire)	1
B M D	University of Wisconsin - Madison	(WI - Madison, WI)	9
B M	University of Wisconsin - Stevens Point	(WI - Stevens Point)	1
B M	University of Wyoming	(WY - Laramie)	2
B M	Washington State University	(WA - Pullman)	6
B M D	Wayne State University	(MI - Detroit)	2
B M	Western Illinois University	(IL - Macomb)	1
B M	Western Michigan University	(MI - Kalamazoo)	2
B M	Western Oregon State College	(OR - Monmouth)	1
B M	Western Washington University	(WA - Bellingham)	25
B M	Whittier College	(CA - Whittier)	1
	TOTAL		336

[a] B = Bachelor degree program.
M = Masters degree program.
D = Doctoral degree program.

[b] Figure includes total number of students in all years of study.

UNIVERSITIES AND COLLEGES WITH NO CANADIAN STUDENTS REGISTERED IN SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY PROGRAM - 1989

PROGRAM(S) OFFERED*	UNIVERSITY/COLLLEGE	STATE - CITY/TOWN
B M	Abilene Christian University	TX - Abilene
B M D	Adelphi University	NY - Garden City
B M	Appalachian State University	NC - Boone
B M	Arkansas State University	AK - Jonesboro
B M	Auburn University	AL - Montgomery
B	Augustana College	IL - Rock Island
B M	Ball State University	IN - Muncie
B M	Baylor University	TX - Waco
B M	Bloomsburg State College	PA - Bloomsburg
B M	California Sate University - Chico	CA - Chico
B M	California State University - Fresno	CA - Fresno
B M	California State University - Fullerton	CA - Fullerton
B M	California State University - Long Beach	CA - Long Beach
B M	California State University - Los Angeles	CA - Los Angeles
B M	California State University - Northridge	CA - Northridge
B M	California State University - Sacramento	CA - Sacramento
B M	Central Institute for the Deaf	MO - St.Louis
B M	Central Michigan University	MI - Mount Pleasant
B M	Central Missouri State University	MO - Warrensburg
B M	Central State University	OH - Edmond
B M	City College of CUNY	NY - New York
B M	Cleveland State University	OH - Cleveland
B M	College of Saint Rose	NY - Albany
B M	Columbus College	GA - Columbus
B M	East Carolina University	NC - Greenville
B M	East Tennessee State University	TN - Johnson City
B M	Eastern Illinois University	IL - Charleston
B M	Eastern Kentucky University	KY - Richmond
B M	Eastern Michigan University	MI - Ypsilanti
B M	Eastern New Mexico University	NM - Portales
B M	Edinboro University of Pennsylvania	PA - Edinboro
B M D	Florida State University	FL - Tallahassee
B M	Fontbonne College	MO - St. Louis
M	Gallaudet University	DC - Washington
M	Georgia State University	GA - Atlanta
B M	Governors State University	IL - University Park
B M	Hahnemann University	PA - Philadelphia
B M	Hampton University	VA - Hampton
B M	Hofstra University	NY - Hempstead
B M	Humboldt State University	CA - Arcata
B M	Illinois State University	IL - Normal

PROGRAM(S) OFFERED[a]	UNIVERSITY/COLLLEGE	STATE - CITY/TOWN
B M	Indiana University of Pennsylvania	PA - Indiana
B M	Ithaca College	NY - Ithaca
B M	James Madison University	VA - Harrisonburg
B M	Kansas State University	KS - Manhattan
B M	Kean College of New Jersey	NJ - Union
B M	Kearney State College	NJ - Kearney
B M	Lamar University	TX - Beaumont
B M	Lehman College of CUNY	NY - Bronx
B M	Long Island University	NY - Brookville
M	Louisiana State University	LA - Baton Rouge
B M	Louisiana Tech University	LA - Ruston
B M	Loyola College of Maryland	MD - Baltimore
B M	Mankato State University	NJ - Mankato
B M	Marshall University	WV - Huntington
M D	Memphis State University	TN - Memphis
B M	Miami University	OH - Oxford
B M	Montclair State College	NJ - Upper Montclair
B M	Moorhead State University	MN - Moorhead
B M	Murray State University	KY - Murray
B M	Nazareth College of Rochester	NY - Rochester
B M	New Mexico State University	NM - Las Cruces
B M	Northeast Missouri State University	MO - Kirksville
B M	Northeastern State University	OK - Tahlequah
B M	Northern Illinois University	IL - DeKalb
B M	Northwest Missouri State University	MO - Maryville
B M D	Ohio State University	OH - Columbus
B M D	Ohio University	OH - Athens
B M	Oklahoma State University	OK - Stillwater
B M	Old Dominion University	VA - Norfolk
B M	Our Lady of the Lake University	TX - San Antonio
B M	Radford University	VA - Radford
M	Rush University	IL - Chicago
B M	Rutgers University	NJ - New Brunswick
B M	San Diego State University	CA - San Diego
B M	Southern Connecticut State University	CT - New Haven
B M D	Southern Illinois University - Carbondale	IL - Carbondale
B M	Southern Illinois University - Edwardsville	IL - Edwardsville
B M	Southwest Missouri State University	MO - Springfield
B M	Southwest Texas State University	TX - San Marcos
B M	St. Cloud State University	MN - St. Cloud
B M	St. Louis University	MO - St. Louis
B M	Stanford University	CA - Stanford
B M	State University of New York at Fredonia	NY - Fredonia
B M	Stephen F. Austin State University	TX - Nacodoches

PROGRAM(S) OFFERED*	UNIVERSITY/COLLLEGE	STATE - CITY/TOWN
B M	Tennessee State University	TN - Nashville
B M	Texas Christian University	TX - Fort Worth
B M	Texas Tech University	TX - Lubbock
B M	Texas Woman's University	TX - Denton
B M	Trenton State College	NJ - Trenton
B M	The University of Akron	OH - Akron
B M	University of Alabama	AL - Tuscaloosa
B M	University of Arkansas - Fayetteville	AK - Fayetteville
B M	University of Central Arkansas	AK - Conway
B M D	University of Cincinnati	OH - Cincinnati
B M D	University of Connecticut	CT - Storrs
B M	University of Denver	CO - Denver
B M	University of the District of Columbia	DC - Washington
B M D	University of Georgia	GA - Athens
B M D	The University of Iowa	IA - Iowa City
B M D	University of Kansas	KS - Lawrence
B M	University of Kentucky	KY - Lexington
B M D	University of Maryland	MD - College Park
D	University of Michigan	MI - Ann Arbor
B M	University of Mississippi	MS - University
B M D	University of Missouri	MS - Columbia
B M	University of Montevallo	AL - Montevallo
B M	University of Nebraska - Omaha	NE - Omaha
B M	University of Nevada	NV - Reno
B M	University of New Mexico	NM - Albuquerque
M	University of North Carolina - Chapel Hill	NC - Chapel Hill
B M	University of North Carolina - Greensboro	NC - Greensboro
B M	University of North Texas	TX - Denton
B M	University of Northern Colorado	CO - Greeley
B M	University of Northern Iowa	IA - Cedar Falls
B M	University of the Pacific	CA - Stockton
B M	University of Redlands	CA - Redlands
B M	University of Rhode Island	RI - Kingston
B M	University of South Alabama	AL - Mobile
M D	University of South Carolina	SC - Columbia
B M	University of South Dakota	SD - Vermillion
B M D	University of Southern Mississippi	MS - Hattiesburg
B M	University of Southwestern Louisiana	LA - Lafayette
B M D	University of Tennessee - Knoxville	TN - Knoxville
B M	University of Tennessee - Memphis	TN - Memphis
B M D	University of Texas - Austin	TX - Austin
B M D	University of Texas - Dallas	TX - Dallas
B M	University of Texas - El Paso	TX - El Paso
B M	University of Tulsa	OK - Tulsa

PROGRAM(S) OFFERED*	UNIVERSITY/COLLLEGE	STATE - CITY/TOWN
B M	University of Utah	UT - Salt Lake City
B M D	University of Virginia	VA - Charlottesville
B M	University of Wisconsin - Milwaukee	WI - Milwaukee
B M	University of Wisconsin - Oshkosh	WI - Oshkosh
B M	University of Wisconsin - River Falls	WI - River Falls
B M	University of Wisconsin - Whitewater	WI - Whitewater
B M D	Utah State University	UT - Logan
M D	Vanderbilt University	TN - Nashville
M D	Washington University	MO - St. Louis
B M	West Chester State College	PA - West Chester
B M	West Virginia University	WV - Morgantown
B M	Western Kentucky University	KY - Bowling Green
B M D	Wichita State University	KS - Wichita
B M	William Patterson College	NJ - Wayne
B M	Worcester State College	MA - Worcester

*B = Bachelor degree program.
M = Masters degree program.
D = Doctoral degree program.

UNIVERSITIES AND COLLEGES IN WHICH NO INFORMATION WAS OBTAINED ON CANADIAN STUDENTS REGISTERED IN SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY PROGRAM - 1989

PROGRAM(S) OFFERED*	UNIVERSITY OR COLLLEGE	STATE - CITY/TOWN
B M	Alabama Agricultural and Mechanical University	AL - Normal
B	Andrews University	MI - Berrien Springs
B M	Armstrong University	GA - Savannah
B	Auburn University at Montgomery	AL - Montgomery
B	Baldwin-Wallace College	OH - Berea
B	Biola University	CA - La Mirada
B	Brescia College	KY - Owenboro
B M	Bridgewater State College	MA - Bridgewater
B M	Butler University	IN - Indianapolis
B M	California State University	CA - Hayward
B	Carlow College	PA - Pittsburgh
B	College of New Rochelle	NY - New Rochelle
B	College of Wooster	OH - Wooster
B	Columbia College	SC - Columbia
B	Delta State University	MS - Cleveland
B	Dominican College at Blauvelt	NY - Orangeburg
B	Duquesne University	PA - Pittsburgh
B	East Stroudsburg University of Pennsylvania	PA - E. Stroudsburg
B M	East Texas State University	TX - Commerce
B	Elizabeth City State University	NC - Elizabeth City
B	Elmhurst College	IL - Elmhurst
B	Elmira College	NY - Elmira
B	Elms College	MA - Chicopee
M	Florida Atlantic University	FL - Boca Raton
B	Geneva College	PA - Beaver Falls
B	Grambling State University	LA - Grambling
B	Hardin-Simmons University	TX - Abilene
B	Harding University	AR - Searcy
B	Henderson State University	AR - Arkadelphia
B	Holy Names College	CA - Oakland
B	Indiana University - Purdue	IN - Fort Wayne
B	Iona College	NY - New Rochelle
B	Jackson State University	MS - Jackson
B	Kutztown University	PA - Kutztown
B	Lambuth College	TN - Jackson
B M	Louisiana State University	LA - New Orleans
B	Louisiana State University at Shreveport	LA - Shreveport
B	Marymount Manhatton College	NY - New York
B	Marywood College	PA - Scranton
B	Mercy College	NY - Dobbs Ferry
B	Metropolitan State College	CO - Denver

B	Middle Tennessee State University	TN	Murfreesboro
B	Mississippi University for Women	MS	Columbus
B M D	New York University	NY	New York
B	Nicholls State University	LA	Thibodaux
B	Norfolk State College	VA	Norfolk
B	North Carolina A & T University	NC	Greensboro
B M	North Carolina Central University	NC	Durham
B	North Carolina State University	NC	Raleigh
B M	Northeast Louisiana University	LA	Monroe
B	Northern State College	SD	Aberdeen
B	Northwest Nazarene College	ID	Nampa
M	Nova University	FL	Fort Lauderdale
B M	Oregon State University	OR	Corvalis
B	Ouachita Baptist University	AR	Arkadelphia
B	Pace University	NY	New York
B M	Rhode Island College	RI	Providence
B	Shaw University	NC	Raleigh
B M	South Carolina State College	SC	Orangeburg
B	South Dakota State University	SD	Brooklings
B M	Southeast Missouri State University	MO	Cape Girardeau
B M	Southeastern Louisiana University	LA	Hammond
B M	Southern University	LA	Baton Rouge
B	Southern University	LA	New Orleans
B	Spalding University	KY	Louisville
B M	St. Johns University	NY	Jamaica
B	St. Xavier College	IL	Chicago
B	State University College at Cortland	NY	Cortland
B M	State University of N.Y. College at New Paltz	NY	New Paltz
B	State University of New York at Oneonta	NY	Oneonta
B	Stern College for Women	NY	New York
B	Stockington State College	NJ	Pomona
B	Texas A & I University	TX	Kingsville
B	University of Maine at Farmington	ME	Farmington
B	University of Missouri at Kansas City	MS	Kansas City
B M	University of New Hampshire	NH	Durham
B M D	University of Oklahoma	OK	Oklahoma City
B M	University of San Francisco	CA	San Francisco
B	University of Sciences and Arts of Oklahoma	OK	Chickasha
B	University of Southern Colorado	CO	Pueblo
M	University of Texas Health Science Centre - Houston	TX	Houston
B M	University of Texas - Pan American	TX	Edinburg
B M	University of Toledo	OH	Toledo
B M	Valdosta State College	GA	Valdosta
B	Valpraiso University	IN	Valpraiso
B M	Western Carolina University	NC	Cullowhee
B	Xavier University of Louisiana	LA	New Orleans

B = Bachelor degree, M = Masters degree, D = Doctoral degree program.
Address unavailable at the time of the survey.

APPENDIX F

APPENDIX F

REVISED SURVEY CATEGORIES 183

F1. Place of Employment of Canadian Speech-Language Pathologists and Audiologists 183

F2. Areas of Practice of Canadian Speech-Language Pathologists and Audiologists 184

PRINCIPAL PLACE OF EMPLOYMENT OF CANADIAN SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

Responses received under the category "OTHER" for Q-20 (and category in which response was grouped):

Response Variations	Category
Acute Care/Trauma	1.
Atlantic Provinces Special Education Authority	11.
Children's Mental Health Centre	3.
College	10.
Community Mental Health	3.
Day Care Centres	6.
Department of Education (provincial level)	11.
Developmental Centre for the Mentally Handicapped	6.
Funded Hearing and Speech Clinic	6.
Geriatric Hospital	5.
Home and School Care	6.
Mentally Retarded Service	6.
National Institutes of Health	11.
Non-Profit Agency	6.
Pediatric Centre	2.
Pediatric Treatment Centre	2.
Teaching Hospital	1.

REVISED CATEGORIES

1. **GENERAL HOSPITAL** changed to:
   GENERAL OR TEACHING HOSPITAL OR ACUTE CARE FACILITY
2. PEDIATRIC HOSPITAL changed to:
   PEDIATRIC HOSPITAL, CLINIC OR TREATMENT CENTRE
3. PSYCHIATRIC HOSPITAL changed to:
   PSYCHIATRIC HOSPITAL OR MENTAL HEALTH CENTRE
4. REHABILITATION CENTRE changed to:
   (RE)HABILITATION HOSPITAL OR CENTRE
5. CHRONIC CARE FACILITY/NURSING HOME changed to:
   GERIATRIC HOSPITAL, CHRONIC CARE FACILITY OR NURSING HOME
6. PUBLIC HEALTH AND/OR COMMUNITY SOCIAL SERVICES changed to:
   PUBLIC HEALTH, COMMUNITY SOCIAL SERVICES, FUNDED NON-PROFIT CLINIC AND/OR SERVICE FOR THE MENTALLY HANDICAPPED
7. **SCHOOL BOARD**
8. **PRIVATE PRACTICE**
9. **INDUSTRY**
10. UNIVERSITY changed to:
    UNIVERSITY OR COLLEGE
11. **GOVERNMENT** (includes federal and provincial jobs)
12. **OTHER**

AREAS OF PRACTICE OF CANADIAN SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

Responses received under the category "OTHER" for Q-24 and Q-25 (and category in which response was grouped):

Response Variations	Category
Cleft Palate	7.
Cochlear Implants	15.
Feeding	12.
Head Injury	10.
Hearing Aid Evaluations, Fitting and Dispensing of Hearing Aids	13.
Industrial Audiology	14.
Laryngectomees	7.
Learning Disabilities	5.
Mentally Handicapped	5.
Occupational Hearing Conservation	14.
Oncology	15.
Oral Myology	6.
Pediatric Audiology	1.
Public School Audiology	4.
Transsexuals	7.

REVISED CATEGORIES

1. **DIAGNOSTIC AUDIOLOGY**
2. **EVOKED RESPONSE AUDIOMETRY**
3. **VESTIBULAR TESTING**
4. **AURAL (RE)HABILITATION**
5. **CHILD LANGUAGE** (includes Learning Disabilities)
6. **ARTICULATION/PHONOLOGY**
7. **VOICE** (includes Laryngectomees) **AND RESONANCE**
8. **FLUENCY**
9. **AUGMENTATIVE COMMUNICATION**
10. **NEUROGENIC DISORDERS**
11. **SWALLOWING DISORDERS**
12. **FEEDING**
13. **HEARING AID EVALUATIONS, FITTING AND/OR DISPENSING OF HEARING AIDS**
14. **INDUSTRIAL AUDIOLOGY OR OCCUPATIONAL HEARING CONSERVATION**
15. **OTHER**

APPENDIX G

APPENDIX G

LANGUAGES SPOKEN BY SURVEY RESPONDENTS 185

G1. Speech-Language Pathologists and Audiologists 185

G2. Speech-Language Pathology and Audiology Students 186

LANGUAGES IN WHICH CANADIAN SPEECH-LANGUAGE PATHOLOGISTS AND/OR AUDIOLOGISTS CAN PROVIDE PROFESSIONAL SERVICES

Language	Percent*			
	SLPs (n = 1673)	AUDs (n = 345)	SLP/AUDs (n = 88)	Combined (n = 2108)
1. English[a]	90%	89%	53%	88%
2. French[b]	17%	33%	70%	22%
3. Manual Communication[c]	9%	12%	21%	10%
4. Other Languages[d]	2%	4%	9%	4%

a. Afrikaans
b. Arabic
c. Chinese (Cantonese and Mandarin)
d. Cree
e. Dutch
f. East Indian Languages (Hindi and Gujerati)
g. Flemish
h. German
i. Hebrew
j. Icelandic
k. Italian
l. Macedonian
m. Persian
n. Polish
o. Serbo-Croatian
p. Spanish
q. Ukrainian
r. Yiddish

*NOTE: Percentages do not total 100% because some SLPs and AUDs offer services in more than one language:

	SLPs	AUDs	SLP/AUDs	Combined
[a]English Speaking:				
Anglophone	92%	76%	56%	89%
Bilingual	8%	24%	44%	11%
[b]French Speaking:				
Francophone	60%	35%	67%	55%
Bilingual	40%	65%	23%	45%
[c]Manual Communication Users:				
Anglophone	..	..	..	80%
Francophone	..	..	..	7%
Bilingual	..	..	..	13%
[d]Speakers of Other Languages:				
Anglophone	..	..	..	55%
Francophone	..	..	..	4%
Bilingual	..	..	..	41%

LANGUAGES SPOKEN BY CANADIAN SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY STUDENTS

Language	Percent*			
	SLP Major (n = 408)	AUD Major (n = 81)	Other (n = 15)	Combined (n = 2108)
1. English[a]	90%	86%	87%	89%
2. French[b]	24%	33%	20%	26%
3. Manual Communication[c]	11%	22%	27%	14%
4. Other Languages[d]	3%	4%	3%	3%

a. Chinese
b. Czech
c. Dutch
d. Estonian
e. German
f. Greek
g. Hebrew
h. Hungarian
i. Italian
j. Japanese
k. Portuguese
l. Serbo-Croatian
m. Spanish
n. Ukrainian

*NOTE: Percentages do not total 100% because some speech-language pathology and audiology students are fluent in more than one language:

[a] Anglophone 83%
Bilingual 17%

[b] Francophone 4%
Bilingual 59%

[c] Anglophone 73%
Francophone 9%
Bilingual 18%

[d] Anglophone 54%
Francophone 3%
Bilingual 43%

APPENDIX H

APPENDIX H

PROFESSIONAL ASSOCIATION AFFILIATIONS OF RESPONDENTS 187

H1. Speech-Language Pathologists and Audiologists 187

H2. Speech-Language Pathology and Audiology Students 190

ASSOCIATION AFFILIATIONS OF CANADIAN SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

1. Academy of Dispensing Audiologists
2. Academy of Rehabilitative Audiology
3. Acoustical Society of America (ASA)
4. Acoustical Society of Canada (ACA)
5. Alberta Association of Early Intervention Professionals
6. Alberta Public Health Association
7. Alberta Teachers Association
8. Alexander Graham Bell Association for the Deaf
9. American Academy of Audiology
10. American Academy of Otolaryngology - Head and Neck Surgery
11. American Association of Mental Deficiency
12. American Auditory Society (AAS)
13. American Cleft Palate and Craniofacial Association
14. Association des Cadres Intermédiares des Affaires Sociales (ACIAS)
15. Association des Interprètes en Langue Visuelle du Québec
16. Association for Children with Learning Disabilities (ACLD)
17. Association Internationale de Pédagogie Universitaire (AIPU)
18. Association of Canadian Educators of the Hearing Impaired - Alberta
19. Association of Canadian Educators of the Hearing Impaired - Saskatchewan
20. Association of Canadian Educators of the Hearing Impaired - National
21. Association of Speech-Language Pathologists and Audiologists in Public Health
22. Association of the Hearing Impaired
23. Association Polonaise
24. Association Professionelle d'Orthophonie et Audiologie du Secteur Privé
25. Audiological Society of Australia
26. Auditory Verbal International (AVI)
27. Australian Association of Speech and Hearing
28. Autism Society Canada
29. Autism Society Manitoba
30. Autism Society of Newfoundland/Labrador
31. British College of Speech Therapists
32. British Columbia Medical Association
33. British Columbia Teachers Federation
34. British Society of Audiology
35. Canadian Acoustical Association (CAA)
36. Canadian Acoustical Society (CAS)
37. Canadian Association of Psycho-Social Oncologists

38. Canadian Council of University Programs (CCUP)
39. Canadian Craniofacial Society
40. Canadian Hard of Hearing Association
41. Canadian Hearing Society
42. Canadian Psychologists Association (CPA)
43. Canadian Public Health Association (CPHA)
44. Canadian Standards Association
45. Carloff Canada
46. Cleft Lip and Palate Family Association
47. Computer Users in Speech and Hearing (CUSH)
48. Coordinating Council on Deafness
49. Council for Exceptional Children (CEC)
50. Council of Canadian Coordinators of University Practica in Speech-Language Pathology and Audiology
51. Cued Speech Association
52. Deutsche Gesellschaft fur Sprachheilpadagogik
53. Eastern Association for Children with Learning Disabilities
54. Educational Audiologists Association
55. Federation of Women Teachers
56. International Association for the Advancement of Rehabilitation and Assistive Technologies (RESNA)
57. International Association of Child Language
58. International Association of Logopedics and Phoniatrics (IALP)
59. International Audiological Society
60. International Audiology
61. International Craniofacial Society
62. International Electric Response Audiometry Study Group (IERASG)
63. International Neuropsychologists Society
64. International Society for Augmentative and Alternative Communication (ISAAC)
65. International Society of Craniomaxillofacial Surgery
66. International Society of Psychophysics
67. Irish Association of Speech Therapists
68. Maine Speech and Hearing Association
69. Manitoba Teachers Society
70. Massachusetts Speech-Language Pathology and Audiology Association
71. Michigan Speech and Hearing Association
72. Montreal Reading Council
73. National Aphasia Association
74. National Hearing Conservation Association
75. National Research Council Committee on Hearing, Bioacoustics and Biomechanics (CHABA)

253

76. National Student Speech-Language-Hearing Association (NSSLHA)
77. Newfoundland Association for Augmentative Communication
78. Newfoundland Hearing Association
79. Newfoundland Teachers Association
80. New Mexico Speech-Language-Hearing Association
81. New Zealand Speech-Language Therapists Association Inc.
82. Ontario Educators of the Hearing Impaired (OEHI)
83. Oregon Speech and Hearing Association
84. Orton Dyslexia Society
85. Pennsylvania Speech and Hearing Association
86. Quebec Association for Children with Learning Disabilities (QACLD)
87. Regional Groups of the Ontario Association of Speech-Language Pathologists and Audiologists (e.g., Toronto District, Windsor-Essex, etc.)
88. Registered Interpreters for the Deaf
89. Saskatchewan Teachers Federation
90. Scandinavian Audiologopoedisk Association
91. Society for Deaf and Hard of Hearing Nova Scotians
92. Society for Ear-Nose and Throat Advances in Children (SENTAC)
93. South African Medical-Dental Council
94. South African Speech and Hearing Association
95. Spalding Educational Foundation
96. Speech and Hearing Association of Western New York (SHAWNY)
97. Speech Pathologists and Audiologists of the Nova Scotia Teachers Union (SPAA)
98. Swedish Association of Speech-Language Pathologists
99. Teachers of English as a Second Language
100. Texas Speech and Hearing Association
101. The Association for Persons with Severe Handicaps
102. Union Nationale d'Associations pour le Développement de la Recherche et de l'Information en Orthophonie (UNADRIO)
103. University Women's Club
104. Voice Ontario

ASSOCIATION AFFILIATIONS OF CANADIAN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

1. Acoustical Society of America (ASA)
2. Alexander Graham Bell Association for the Deaf
3. American Auditory Society (AAS)
4. American Cleft Palate and Craniofacial Association
5. Association Canadienne de Linguistique Applique (ACLA)
6. Association des Étudiant(e)s en Orthophonie et en Audiologie (ADOA)
7. Association for Women in Science
8. Association for Canadian Educators of the Hearing-Impaired (ACEHI)
9. Association Québecoise des Enfants avec Problèmes Auditifs (AQEPA)
10. British College of Speech Therapists
11. British Columbia Teachers Federation
12. Canadian Auditory Association (CAA)
13. Council for Exceptional Children (CEC)
14. Council on Supervision in Speech-Language Pathology and Audiology
15. Idaho Speech-Language-Hearing Association
16. Kansas Speech-Language and Hearing Association
17. Minnesota Speech-Hearing-Language Association (MSHLA)
18. Neuroscience Society - Pittsburgh Chapter
19. New York Student Speech-Language-Hearing Association (NYSSLHA)
20. Nova Scotia Teachers Union (NSTU)
21. Organization of Alberta Students in Speech (OASIS)
22. Rehabilitation Medicine Students Association of Alberta
23. Sigma Xi Research Society

APPENDIX I

APPENDIX I

UNDERGRADUATE EDUCATION 191

I1. **Universities Attended** 191

Bachelor of Arts 191
Bachelor of Science 192
Bachelor of Education/Bachelor of Child Studies 193
Other Undergraduate Degrees 195

I2. **Major Field(s) of Study** 195

UNDERGRADUATE UNIVERSITIES ATTENDED BY CANADIANS ENROLLED IN SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY PROGRAMS IN 1989

BACHELOR OF ARTS 52%*

Canadian University	Province	City/Town
Bishop's University	PQ	Lennoxville
Brandon University	MB	Brandon
Brock University	ON	St. Catharines
Carleton University	ON	Ottawa
Concordia University	PQ	Montreal
Dalhousie University	NS	Halifax
Lakehead University	ON	Thunder Bay
Laurentian University	ON	Sudbury
McGill University	PQ	Montreal
McMaster University	ON	Hamilton
Memorial University	NF	St. John's
Mount St. Vincent University	NS	Halifax
Queens University	ON	Kingston
Saint Thomas University	NB	Fredericton
Simon Fraser University	BC	Burnaby
St. Francis Xavier University	NS	Antigonish
Trinity Western University	BC	Langley
Université de Laval	PQ	Laval
Université de Moncton	NB	Moncton
Université de Montréal	PQ	Montréal
Université de Québec	PQ	Montréal
Université de Sherbrooke	PQ	Sherbrooke
University of Alberta	AB	Edmonton
University of British Columbia	BC	Vancouver
University of Calgary	AB	Calgary
University of Manitoba	MB	Winnipeg
University of New Brunswick	NB	Fredericton
University of Ottawa	ON	Ottawa
University of Prince Edward Island	PE	Charlottetown
University of Regina	SK	Regina
University of Saskatchewan	SK	Saskatoon
University of Toronto	ON	Toronto
University of Waterloo	ON	Kitchener
University of Western Ontario	ON	London
University of Windsor	ON	Windsor
University of Winnipeg	MB	Winnipeg
York University	ON	Toronto

269

American University	State	City/Town
Brigham Young University	UT	Provo
Gonzaga University	WA	Spokane
Minot State University	ND	Minot
Temple University	PA	Philadelphia
University of North Dakota	ND	Grand Forks
Western Oregon State College	OR	Monmouth
Western Washington University	WA	Bellingham
Wheaton College	MA	Norton

BACHELOR OF SCIENCE 40%*

Canadian University	Province	City/Town
Acadia University	NS	Wolfville
Brandon University	MB	Brandon
Brock University	ON	St. Catharines
Carleton University	ON	Ottawa
Concordia University	PQ	Montreal
Dalhousie University	NS	Halifax
Laurentian University	ON	Sudbury
McGill University	PQ	Montreal
McMaster University	ON	Hamilton
Memorial University	NF	St. John's
Mount Allison University	NB	Sackville
Mount St. Vincent University	NS	Halifax
Queens University	ON	Kingston
Trent University	ON	Peterborough
Université de Laval	PQ	Laval
Université de Montréal	PQ	Montréal
Université de Sherbrooke	PQ	Sherbrooke
University of Alberta	AB	Edmonton
University of British Columbia	BC	Vancouver
University of Calgary	AB	Calgary
University of Guelph	ON	Guelph
University of Lethbridge	AB	Lethbridge
University of New Brunswick	NB	Fredericton
University of Ottawa	ON	Ottawa
University of Regina	SK	Regina
University of Toronto	ON	Toronto
University of Victoria	BC	Victoria
University of Waterloo	ON	Kitchener
University of Western Ontario	ON	London
York University	ON	Toronto

American University	State	City/Town
Brigham Young University	UT	Provo
Colorado State University	CO	Fort Collins
Indiana State University	IN	Terre Haute
Minot State University	ND	Minot
Towson State University	MD	Towson

Foreign University	Country	City/Town
Université de Toulouse	FRANCE	Tolouse
University of London	ENGLAND	London

BACHELOR OF EDUCATION OR CHILD STUDIES 7%*

Canadian University	Province	City/Town
Acadia University	NS	Wolfville
Brandon University	MB	Brandon
Brock University	ON	St. Catharines
Laurentian University	ON	Sudbury
Memorial University	NF	St. John's
Mount St. Vincent University	NS	Halifax
Nova Scotia Teachers College	NS	Halifax
Queens University	ON	Kingston
Université de Sherbrooke	PQ	Sherbrooke
University of Alberta	AB	Edmonton
University of Manitoba	MB	Winnipeg
University of Regina	SK	Regina
University of Saskatchewan	SK	Saskatoon
University of Toronto	ON	Toronto
University of Victoria	BC	Victoria
University of Western Ontario	ON	London
York University	ON	Toronto

American University	State	City/Town
Minot State University	ND	Minot

OTHER UNDERGRADUATE DEGREES .....6%[a]

Canadian University	Province	City/Town
Brandon University[b,e]	MB	Brandon
Dalhousie University[c]	NS	Halifax
Lakehead University[i]	ON	Thunder Bay
McMaster University[c]	ON	Hamilton
University of Manitoba[d]	MB	Winnipeg
University of Toronto[f]	ON	Toronto
University of Windsor[g]	ON	Windsor

American University	State	City/Town
University of Minnesota - Deluth[b]	MN	Deluth
University of North Dakota[h]	ND	Grand Forks

[a]The categories (degrees) are not mutually exclusive since 9% of the 1989 students had completed more than one undergraduate degree and therefore the percentages when totalled exceed 100%.

Other undergraduate degrees completed by 1989 speech-language pathology and/or audiology students include:

[b]Applied Science
[c]Commerce
[d]Fine Arts
[e]General Studies
[f]Music
[g]Nursing
[h]Recreation Studies
[i]Social Work

208

UNDERGRADUATE MAJOR FIELDS OF STUDY[a]

Undergraduate Major	SLP Students (n=276)	AUD Students (n=46)	All Students[b] (n=347)
1. Speech-Language Pathology and/or Audiology	33%	43%	20%
2. Psychology	45%	33%	43%
3. Biology	8%	13%	8%
4. Linguistics	21%	9%	19%
5. Education	3%	11%	4%
6. Languages	9%	4%	8%
7. Other	18%	13%	17%

a. Anthropology
b. Biblical Studies
c. Biochemistry
d. Economics
e. Exercise Science
f. Food Science
g. Geography
h. Geology
i. History
j. Kinesiology
k. Life Sciences (not specified)
l. Management
m. Mathematics
n. Music
o. No specialization
p. Neurosciences
q. Nursing
r. Physiology
s. Social Development
t. Sociology
u. Speech Communication
v. Speech Science
w. Zoology

[a]Categories are not mutually exclusive; 52 students (16%) had listed double majors and 30 students (9%) completed more than one undergraduate degree. Of those with double majors, more than half had studied psychology (81%) and/or linguistics (53%). Less than 20% had one of their majors in languages (18%), biology (15%), education (2%) or speech-language pathology and/or audiology (2%). Other subjects accounted for 31% of the double majors.

For those who had completed two undergraduate degrees, more than half had a degree in psychology (58%) and/or speech-language pathology and/or audiology (58%). One fourth (25%) had completed an education degree and less than 10% had a degree in linguistics (8%) or languages (8%). Other subjects accounted for 42%.

[b]All students includes 276 that listed speech-language pathology as their major, 46 students that listed audiology as their major and 25 students with undeclared majors.

APPENDIX J

APPENDIX J

SELECTION OF COMMENTS RECEIVED 197

J1. Speech-Language Pathologists and Audiologists 197

J2. Speech-Language Pathology and Audiology Students 198

SELECTION OF COMMENTS ON THE SURVEY FROM SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

GENERAL COMMENTS ON THE QUESTIONNAIRE DESIGN:

"quick and painless"; "terrific"; "good"; "great"; "nicely organized"; "brilliant effort"; "well done!"; "very nice piece of work"; " most professional"; "quick and easy as promised!"; "I am impressed with the clarity of the questionnaire."; "looks very handsome and the questions are apposite".

COMMENTS ON THE SURVEY ADMINISTRATION:

- *"Thanks for 'locating' me!"; "I don't know how you located me, but am grateful you took the trouble."*
- *"Three cheers for some short simple paperwork and a stamp addressed envelope. Good planning!"*

COMMENTS RELATED TO THE IDEA OF ESTABLISHING A DATABASE:

"BRAVO! I can't wait to see the results. Actually this will be something of a historical moment to finally be able to define our profession in this country..."; "I am extremely impressed with your questionnaire and the idea of a database!"; "Good work! ...your questionnaire will help the association!"; "Congratulations on a terrific piece of work...This will provide the association with some sorely needed data..."; "A database...I can see that you mean business and I'm very impressed!"; "I hope to see this information .....very interesting!"

COMMENTS ON SPECIFIC QUESTIONS:

Q-20: Location of principal place of employment.

- *"Why is 'Preschool' never an included category?"*
- *"Please note, the Alberta government...has decided that SLP services are a 'health based' service...money is to be distributed through the health units which are now mandated to serve the school population. This may effectively wipe out school-based services in Alberta!"*

Q-24: Principal area of practice. Q-25: Other areas of practice.

- *"How about a separate category for audiologists (re: population served)? Range tends to be more broad and services fall under different categories than SLPs."*
- *"Q-24 and Q-25 seem rather limiting."; "very tough to separate out".*

SUGGESTIONS FOR FURTHER AREAS OF STUDY:

- *"It would be interesting to determine how many people are 'temporarily retired'. I would love to see a refresher course offered (i.e., reading list, correspondence course to update so that people like myself would be better prepared to enter the 'work world'."*
- *"As a SLP who has struggled with a large variety of issues due to being 'sole charge' SLP, I am disappointed that there is no question(s) addressing sole charge positions. This position is a problem area for our profession and we don't even know how many are in the situation."*
- *"It would be interesting to survey just the people who are teaching in the university."*
- *"How about looking at salaries?"*
- *"We need more information on speech-language pathology services to the school-aged children...such as service delivery models being used, caseload size, priorities, etc."*

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SELECTION OF COMMENTS ON THE SURVEY FROM SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY STUDENTS

COMMENTS ON SPECIFIC QUESTIONS:

Q-15: Did you apply to a Canadian program?

"No...knew I wouldn't be accepted"; "exercise in futility!"; "No...because it is not available for the 'average' person"; "No...because I can't wait forever to get into a program!"; "No...They seem to accept the 'gifted' not the average; they better get their act together!"; "No...I can't wait forever!! I'd have too many gray hairs."; "No...I didn't apply because I didn't feel I would be accepted!"

Q-17: Did you apply more than one year to gain admittance to a program?

"Yes...not in the U.S...three years to the University of Alberta!"

"Yes...I am VERY determined! I REALLY wanted to go to a Canadian university, but did not get in the first time so applied to several U.S. universities. I was accepted by all of them!"

Q-25: Province(s) or area(s) where you will be applying for employment after graduation.

"I would rather work in the States now because of the low interest level Canada shows in our field."

"Anywhere that looks good!"

GENERAL COMMENTS:

- *"Not enough facilities to handle the students and demand as you well know - very frustrating."*
- *"We really need more programs in Canada!"*
- *"We need more programs in Canada for a Masters in Speech-Language Pathology."*
- *"We need more Canadian programs!! Particularly in Eastern Canada..."*
- *"I would have liked to have studied in Canada, however financial aid was extremely poor."*
- *"I am very disappointed in the lack of support the Canadian government gives to speech-language pathologists and speech-language pathology students."*
- *"I wanted to study in Canada because I want to come back to work in Canada. WE hardly hear anything about the profession in Canada in the U.S! There are no programs in Saskatchewan and none of the others has enough places to accommodate those from Saskatchewan. It is not fair that we are forced to go to the United States if we want a career in speech-language pathology. My friends in physiotherapy can study in Canada. Why do so many Canadians have to cross the border? There are known shortages in my province and an obvious need for more people to choose this for a career. Yet, I can see how easy it would be to change paths rather than go the U.S. I bet we lose some REALLY good students to other professions!"*
- *"My friend graduated from an American university and said she learned alot about U.S. laws, but nothing about the profession in Canada. Shouldn't the government of Canada be concerned that they send many of us to the U.S. and we come back with an education not equivalent to those that are lucky enough to go to a Canadian university? Wouldn't it be better if we had enough of our own universities so we wouldn't have to rely so heavily on the U.S. I am concerned that my education will be lacking in important areas for a Canadian professional. What is CASLPA doing to look at this?"*

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12. **Abstract** - The first comprehensive demographic study of speech-language pathologists and audiologists in Canada and Canadians studying in these fields was conducted in 1988-1989. This report includes a description of the study methodology, findings, conclusions and recommendations. The Appendix offers numerous lists and tables.